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A Comparative Analysis of Attitudes Toward Medical Care and Advances in Modern Medicine between the First Generation of Chinese-Americans and the Second Generation of Chinese-Americans in Chicago

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A COMPARATIVE ANALYSIS OF ATTITUDES TOWARD MEDICAL CARE AND ADVANCES IN MODERN MEDICINE BETWEEN THE FIRST GENERATION OF CHINESE-AMERICANS AND THE SECOND GENERATION OF CHINESE-AMERICANS IN THE CHICAGO AREA

by

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CHAPTER I

INTRODUCTION

Significance of the Research Area

The subject matter of this research paper is medical care and modern advance in medicine as they relate to the Chinese immigrants in the Chicago area. Several general studies concerning Chinese acculturation and assimilation have been made but these were very limited and almost no research has been carried out among the immigrants of Chinese decent in Chicago. In this paper the researcher attempts to investigate the differences in attitude toward medical care and modern medicine between the first and second generations of Chinese-Americans in the Chicago area.

Review of Literatures

Thus far, no attitudinal study has been found which attempts to investigate the differences in attitude toward medical care and modern medicine between the first and second generations of Chinese-Americans in the Chicago area. However, there have been some studies made which deal with various attitudes toward health problems in the community which are related to this study. These will be briefly summarized in two groups. But, first, mention should be made of Freeman and Reeder's rather selective and con-

clusive literature review (which does not readily fall into either of these two groups) on subjects dealing with medical sociology. They discuss these studies in four areas: socio-cultural variations in illness, health care and practices; social relations between physician and patient; social organization and health; and attitudes and values associated with differential health care and practices. Nevertheless, there are few cultural analyses of health. They felt health was a neglected area of research among cultural analysts.[1]

1. Literature concerned with Social and Cultural Studies in the Medical Area

Numerous books and studies concerned with health and environment; medicine and human welfare; social components in medical care; doctor and patient; medical research on ethnic factors in health status; health, culture and community; sociological studies of health and sickness; man's image in medicine and anthropology; and other related areas which were reviewed by the writer had value only as background material, since they had no direct relationship to this study. Therefore, they are not discussed here in detail. Only those studies which seem directly relevant to this study are presented here.

In 1954, Lyle Saunders made a study on Cultural differences

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[1]Howard E. Freeman and Leo G. Reeder, "Medical Sociology: a review of the literature," American Sociological Review, 22:73-81 February 1957.

and medical care concerned with the problems of providing medical care for the Spanish-Americans.[2] His study was primarily concerned with the Spanish speaking people in the Southeast - the area which roughly coincides with the Spanish colonization west of the Mississippi. His purpose was twofold. He wanted to present the information he obtained to medical and other professional people so that they could make use of it when they dealt with the Spanish speaking people in their community. He also felt that his study could be used to illustrate a few simple but highly important generalizations about medicine and culture and the interrelation between them.

Saunders found that the Spanish speaking individual draws his knowledge of illness and its treatment from four widely separated sources: (1) from the folk medical lore of medieval Spain as refined in several centuries of relative isolation from its sources; (2) from the cultures of one or more American Indian tribes; (3) from Anglo folk medicine as practiced in both rural and urban areas; and (4) from "scientific" medical sources. However, "scientific" medical sources are not being extensively used. He indicated that the most important differences between Spanish-American folk medicine and Anglo scientific medicine that influence the choice are these:

> Anglo scientific medicine involves largely impersonal relations, procedures unfamiliar to laymen, a passive

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[2]Lyle Saunders, Cultural Differences and Medical care. (New York: Russell Sage Foundation, 1954)

> role for family members, hospital care, considerable control of the situation by professional healers, and high costs, by contrast the folk medicine of Spanish-American villagers is largely a matter of personal relations, familiar procedures, active family participation, home care, large degree of control of the situation by the patients or his family, and relatively low costs.[3]

Saunders also analyzed the different attitudes toward medicine between the rural and urban Spanish speaking populations.

> Urban Spanish speaking have much greater opportunity for intensive contact with Anglos and their culture than do those in rural sections and are likely to be more acculturated, and hence, more accepting of Anglo medicine.[4]

Although this is true for some urban Spanish speaking, many of them are below the average of their community in education and income and could not afford adequate medical care even if they understand it and were motivated to seek it.

At the end he offered many suggestions for providing desirable health and medical care programs not only for Spanish speaking people but also for the people of many countries. He maintained that medical and related professional personnel connected with the program "should have a good knowledge of the value systems and the cultural orientations of the people with whom they are working, along with some self-conscious awareness of their own values and goals, insofar as these are culturally derived."[5]

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[3] Ibid., p.161.
[4] Ibid., p.141.
[5] Ibid., p.198.

Earl Lomon Koos did research on the Health of Regionville. Some five hundred families in "Regionville" were visited and interviewed at intervals in order to learn their habits and to uncover their attitudes toward health and disease.[6] The emphasis of this study was made upon the fact that health practices in the community and the health attitudes and behavior of the individual are subject to change as the social milieu changes. Its purpose was to follow and to examine such changes as were reflected in the attitudes of respondents. In brief, the hypothesis of this study is:

> The health attitudes and behavior of a family are related to its position in the social class hierarchy of the community, and are sufnificantly affected by the prescriptions and proscriptions regarding health shared by those who are members of the same social class. Further, there is a difference in the way and degree to which people participate in health activities in the community which is significantly associated with their membership in a social class.[7]

This study dealt with families rather than with the agencies and activities which existed within the community.

The number of households interviewed was 514 out of the 2,500 households of the Regionville community. About four interviews a year were held with each household over a period of four years.

The first interview was constructed to obtain basic data about the household and its members. Later their opinions and

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[6]Earl Lomon Koos, Health of Regionville, (New York: Columbia University Press, 1954).

[7]Ibid., p. 160

attitudes on hospitals were studied. It was felt that society in Regionville could be readily divided into three groups which were related to occupation. There were the families of business or professional men, those of skilled or semi-skilled workers, and those of laborers. These three groups were examined on their attitudes toward illness and their use of physician, hospital, dentist, druggist, and non-medical personnel (such as chiropractors). They were also questioned on their attitude toward preventive medical care and organized medical or health programs.

In 1961, Eliot Freidson did research on the Patient's View of Medical Practice in a Bronx neighborhood.[8] In this study patients were questioned who fell into three groups: those who used the Family Health Maintenance Demonstration in which everyday treatment was given by an interprofessional team working in a prepaid centralized medical group, those who used the Montefiore Medical Group in which everyday care was provided by individual pediatricians and internists who worked within the framework of a prepaid centralized medical group, and those who went to the conventional, solo fee for service-practitioner where everyday care was provided by individual doctors working in their own scattered offices. Freidson found that when patients chose to use one practice rather than another it was possible to illuminate their

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[8]Eliot Freidson, Patient's Views of Medical Practice, (New York: Russell Sage Foundation, 1961).

choice by reference to the way in which the structure of the chosen practice fitted into the structure of the patient's life.

After patients and some professional people had been interviewed Freidson found himself able to draw the conclusion that two interlocking criteria were used by patients to evaluate health services. They felt that good medical care required technical competance; and good medical care required taking an interest in the patient so that he not only obtains emotional satisfaction from the practitioner, but also the impression that competance is exercised in a more than routine way. He also observed that medicine must face the problem of satisfying lay demand and attracting a clientele as it shifts from independent practice to a form resembling dependent practice.

Hoffer and Schular in "Measurement of Health and Health Care" showed how they developed a symptom questionnaire which gives some idea of a respondents physical well being.[9]

In the articles "Illness and the Role of the Physician"[10] and "Definitions of Health and Illness in the Light of American values and Social Structure"[11] Talcott Parsons made an effort to clarify the concepts of illness and health, and the role of the

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[9] Charles R. Hoffer and Edgar A. Schular, "Measurement of Health Needs and Health Care, "American Sociological Review, 13: 719-724, (December, 1948)

[10] Talcott Parsons, "Illness and Role of the Physician: a Sociological Perspective" American Journal of Orthopsychiatry, 21: 452-460, 1961

[11] _____, "Definitions of Health and Illness in the Light of American Values and Social Structure," in Patients, Physicians and illness, edited by E. Gartly Jaco, (Glencoe, Illinois: Free Press, 1960), pp. 165-187

physician in terms of socio-cultural aspects. According to Parsons "a role is the organized system of participation of an individual in a social system as a collectivity." He defined somatic health as the state of optimum capacity for the effective performance of valued tasks. Illness is generally characterized by some imputed generalized disturbance of the capacity of the individual for a normally expected task or role-performance, which is not specific to his commitments to any particular task, role, collectively, norm or value.

In October, 1952, the Journal of Social Issues had an entire issue devoted to studies in "Socio-cultural Approaches to Medical Care." There were four articles. Henry Lederer presented "How the Sick View Their World." He describes how the sick perceive their world in terms of their values, their differences in the recognition or rejection of the symptoms of disease, their acceptance of illness and of the need for help, their capacity to make decisions and the reintegration of the convalescent patient's personality. Mark Zborowski reported in his "Cultural Components in Response to Pain" how cultural patterns are reflected in attitudes toward pain caused by disease and injury. He interviewed patients of four ethno-cultural groups (Jewish, Italian, Irish and "Old American" stock) at Kingsbridge Veterans Hospital, Bronx, New York. He hypothesized that the Italians and Jews tend to exaggerate their pain; and that the Irish tend to be stoic. The "Old American" group represents a dominant group in America

and was used as a control group. Talcott Parsons and Renee Fox described in "Illness, Therapy, and Modern Urban American Family" how the treatment of the sick seems to be gradually moving from the home and the family. More and more the sick and their family look to hospitals, nursing homes and other institutions and agencies for care when there is illness with significant implication for the care of the sick. Finally, Lawrence K. Frank concluded the issue with "Psycho-cultural approaches to medical care." He analyzes the relevance of these aspects to the problems of medical care and points out the implications for social-cultural approaches to medical care.[12]

"The effect of increased salience of a membership group on pain tolerence" was studied by Wallace E. Lambert, Eva Libman and Ernest G. Poor. This research was conducted to discover how group membership tended to affect behavior when not directly related to social attitude. When groups of Protestant and Jewish women were tested for pain tolerance, it was noticeable that the feeling of group membership among the Jews strongly affected their reactions while the Protestants were less affected. (When later they were called the "Christians", the Protestants showed a marked

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[12] Journal of Social Issues, "Social Cultural Approaches to Medical care," 8: Number 4, (October, 1952)

increase in pain tolerance as a group.)[13]

There are several relevant studies which relate health to social factors such as the analysis of the relationship between "Mortality and Socio-environmental Factors" which was made by Dorothy G. Wiehl in 1948,[14] and Rollo H. Britton's analysis "Physical Impairments and Socio-environmental Factors"[15] completed in the same year. Jean Downes presented a paper on "Social and Environmental Factors in Illness", a study of the relationship of illness to various social and environmental conditions.[16] A study of the relationship between "Industrial and Occupational Environment and Health" was made by Ruth R. Puffer.[17] An investigation into "Sickness Among Industrial Employees in Baltimore in Relation to Weekly Hours of Work, 1941-1943" was made by Selwyn D. Collins.[18] The cause of illness among males and females

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[13] Wallace E. Lambert, Eva Libman, and Ernest G. Poor, "The Effect of Increased Salience of a Membership Group on Pain Tolerance" in Current Studies in Social Psychology, edited by Steiner and Fishbein, (New York: Holt, Rinehart and Winston, Inc., 1965)

[14] Dorothy G.Wiehl, "Mortality and Socio-environmental Factors," Milbank Memorial Fund Quarterly, 26: 335-365 (October, 1948)

[15] Britton, Rollo H. "Physical Impairments and Socio-environmental Factors," Milbank Memorial Fund Quarterly, 26: 386-396 (October, 1948).

[16] Jean Downes, "Social and Environmental Factors in Illness," Milbank Memorial Fund Quarterly, 26: 366-385, (October, 1948)

[17] Ruth R. Puffer, "Industrial and Occupational Environment and Health," Milbank Memorial Fund Quarterly, 26: 22-40, (June,1948).

[18] Selwyn D. Collins, "Sickness Among Industrial Employees in Baltimore in Relation to Weekly Hours of Work, 1941-1943," Milbank Memorial Fund Quarterly, 26: 398-429, (October, 1948)

was studied by Jean Downes in 1950.[19]

2. Studies dealing with Chinese Immigrants

A difference between the Chinese and the American way of life has been distinguished by Francis L. K. Hsu in his book - Americans and Chinese; Two Ways of Life. He indicates that the way of life in the United States is centered on the individual and that this has made for self-reliance and self-sufficiency, but also for atomization and basic insecurity. The way of life in China is the direct opposite. He calls it situation-centered, with interdependence achieved largely through the family and fostering a sense of security.[20]

D. Y. Yuan presented a study on Chinatown as "Voluntary Segregation: a Study of New Chinatown". He indicates that the Chinese population in the United States has exhibited a tendency to concentrate in segregated communities within the large cities.[21]

Chinese in American Life written by S. W. Kung, is a study concerned with contemporary Chinese immigrants and Chinese-Americans in the United States.[22]

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[19]Jean Downes, "Cause of Illness Among Males and Females," Milbank Memorial Fund Quarterly, 28: 407-425, (October, 1950)

[20]Francis L. K. Hsu, Americans and Chinese; Two Ways of Life, (New York: Henry Schman, 1958)

[21]D. Y. Yuan, "Voluntary Segregation: A Study of New Chinatown," Phylon, 24: 255-265, (1963).

[22]S. W. Kung, Chinese in American Life, (Seattle: University of Washington Press, 1962).

Rose Hum Lee did numerous studies on Chinese immigrants in the United States. One of her major works is The Chinese in the United States of America. It is a volume intended to be one of a series of comparative studies on the assimilation of the Chinese in other countries. She attempted to portray the social, economic occupational, industrial and associational life of the Chinese in the United States of America.[23] Her early work includes "Research on Chinese Family," "The Decline of Chinatown in the United States." "Chinese Immigration and Population changes since 1940," and "Stranded Chinese in the United States."

Graduate students in social science have done some significant research concerned with Chinese immigrants and American-born Chinese. In 1947, Beulah Ong Kwoh at the University of Chicago investigated "Occupational Status of the American-born Chinese College Graduates". It is a study based on a sample of American-born Chinese college graduates at Berkeley. The assumption that a higher education brings a better job is probably most crucially tested when applied to minority groups who are often not differentiated from their immigrant parents, are sometimes regarded as aliens, and to whom the expected privilege of citizenship is at times limited and denied. Her objective was to find out, through an analysis of employment experience, how this group

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[23] Rose Hum Lee, The Chinese in the United States of America. (Hong Kong: Hong Kong University Press, 1960).

of second and third generation Chinese have fared in their occupational careers during the last twenty five years.[24]

Pao Yun Liao wrote his master thesis on "A Case Study of a Chinese Immigrant Community," in Southeastern Arkansas. He found that although race consciousness is a strong barrier against Chinese assimilation, the Chinese in Arkansas have managed to make a place for themselves in the area. This is in large part due to the fact that most of the Chinese are American-born, and they live scattered throughout the state rather than in segregated communities.[25]

In 1951, a thesis on "The Chinese Family in Chicago" was presented by Yuan Liang. It is a study on the assimilation of the Chinese family in Chicago into American way of life. The results showed that the Chinese families of the second generation are more Americanized than the Chinese families of the first in terms of daily living habits, food customs, and festivals.[26]

Finally, Stanley L. M. Fong of San Francisco State College made a study on the "Assimilation of Chinese in America: Changes in Orientation and Social Perception" in 1963. He emphasized attitudinal and behavioral aspects in the process of social assimilation of Chinese in America. Assimilation orientation and

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[24] Buelah Ong Kwoh, "Occupational Status of the American-born Chinese College Graduates," unpublished Master Thesis in Social Science of the University of Chicago, 1947.

[25] Pao Yun Liao, "A Case Study of a Chinese Immigrant Community," unpublished Master Thesis of University of Chicago, 1951.

[26] Yuan Liang, "The Chinese Family in Chicago," unpublished Master Thesis of University of Chicago, 1951.

acculturation are considered as important factors. His first hypothesis is that as individuals of Chinese descent become progressively removed from the influence of traditional Chinese culture and in greater contact with the host culture, they will show a concurrent increase in the assimilation-orientation and in their internatization of Western culture norms. His second hypothesis is that Chinese from modern Asian cities, where Western influence has made many inroads, such as Hong Kong, will show a greater degree of internalization than Chinese from other regions of China or some of the American-born Chinese. The third hypothesis is that assimilation-orientation of the Hong Kong born would be the lowest.[27]

During the literature search for material relevant to this paper, various bibliographies and lists were consulted which will be given credit in the bibliography. These are not mentioned in detail in this portion of the paper because only the articles to which they directed attention have immediate bearing upon the subject matter.

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[27]Stanley L. M. Fong, "Assimilation of Chinese in America: Changes in Orientation and Perception," American Journal of Sociology, 71: 265-273, (November, 1965).

Empirical Evidence Dealing With Culture and Health

Much available data from morbidity studies have shown that health and disease are correlated with socio-economic status and life style.[28] Sometimes an immigrant group has brought with it a deviant set of health standards from established standards of the dominant group.[29] Because of this, some differences should be expected between the immigrant group and the native born group in terms of their attitudes toward health care and disease.

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[28] Studies show that health and disease are related to socio-economic status and life style:

T. P. Almy and associates, "Constipation and Diarrhea as Reactions to Life Stress," Proceedings of the Association for Research in Nervous and Mental Disease, 29: 724-731, (1950)

Odin W. Anderson, "Infant Mortality and Social and Cultural Factors," in Patients, Physicians and Illness, edited by E. Gartly Jaco, (Glenco, Ill.: The Free Press, 1960)

Selwyn D. Collins, "Sickness Among Industrial Employees in Baltimore in Relation to Weekly Hours of Work, 1941-1943," (See footnote 18)

Lelia Calhoun Deasy, "Socio-Economic Status and Participation in the Poliomyelitis Vaccine Trial," American Sociological Review, 21: 185-191, (April, 1956)

Jean Downes, "Social and Environmental Factors in Illness," (See footnote 16)

W. J. Grace, "Life Situations, Emotions, and Chronic Ulcerative Colitis," Proceedings of the Association for the Research in Nervous and Mental Disease, 29: 679-691, (1950).

Ruth R. Puffer, "Industrial and Occupational Environment and Health," (See Footnote 17).

H. A. Weeks, M. J. Davis and H. E. Freeman, "Apathy of Families Toward Medical Care," in Patients, Physicians and Illness, edited by E. Gartly Jaco, (Glenco, Illinois: The Free Press, 1960 second printing).

Dorothy G. Wiehl, "Mortality and Socio-Environmental Factors," (See footnote 14).

Harold G. Wolff, "Life Stress and Cardiovascular Disorders," Circulation, 1: 187-203, (February, 1950).

[29] Rose Hum Lee, op. cit., p. 326

Rose H. Lee has indicated that "where the immigrant group has little health education some time elapses before its members are willing to be introduced to new resources and skills. The Chinese have relied upon home remedies, herbs, magic, fatalism, and untrained personnel. More frequently, they let a disease run its course, either through indifference, lack of money or medical services, or fear of contact with the larger society. Many consider consulting a doctor or going to a hospital an admission of their own inadequacy, or the failure of age-old remedies. They do not understand the concept of community concern for health, that their illness may affect others."[30] On the other hand, she also noted that "the generations of Chinese born in the United States of America develop a different physical and psychological reaction to their environment... These American-born have accepted and upheld prevailing health standards, proper diet and health education."[31]

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[30] Ibid., p. 320.
[31] Ibid., p. 321.

Empirical Questions

In this study, there are two empirical questions to be investigated:

(1) Are there significant differences in attitude toward medical care between Chinese-Americans of the first generation and Chinese-Americans of the second generation in the Chicago area?

(2) Are there significant differences in attitude between these two groups regarding the acceptance of modern advances in medicine?

Hypotheses of the Present Study

The study of the above two empirical questions for this thesis is based on the hypothesis that

> The greater the involvement of the Chinese-Americans in American culture, the greater the utilization of medical care and the stronger the tendency to accept modern advances in medicine.

On the basis of this hypothesis, the differences in attitudes between two generations can be stated as follows:

(1) The first generation of Chinese-Americans will avail themselves of medical care less frequently than will the second generation of Chinese-Americans in the Chicago area.

(2) The first generation of Chinese-Americans will accept modern advances in medicine less readily than will the second generation of Chinese-Americans residing in the Chicago area.

CHAPTER II

METHOD AND PROCEDURES OF THE RESEARCH

This chapter discusses the method used in this research and the concepts operationalized through this study. Later, a description of the interviews, the characteristics of the sample studied, and the statistical technique adopted in the analysis of this study will also be added.

Source of Data

The research data of this study were collected through use of the structured interview schedule. The structured interview schedule which was used for this research includes questions concerning: personal background (sex, age, marital status, family size, place of residence, length of time in the United States, educational attainment, occupation, income, religion, and parental background), health background (most recent illness, duration of stay in hospital), attitude toward medical care (response to pain and symptoms of illness, reaction toward treatment while hospitalized, preference for family doctor or specialist, use of regular medical check-ups, dependence on home therapy, concern with articles on health and medicine), acceptance of advance in modern medicine (attitude toward medical instruments, purchase of health

insurance, use of herbs or animal parts, preference for government-controlled and private medical facilities).[32]

Before the structured interview schedule could be used for the study, a pre-test was necessary. This pre-test was given to a group of twenty subjects which includes ten (5 female and 5 male) Chinese-Americans of the first generation and ten (5 female and 5 male) Chinese-Americans of the second generation in the Chicago area. These individuals were found through the help of many friends. The structured interview schedule of this pre-test was initiated on July 25, 1966 and ended on August 31, 1966. At approximately the same time another pre-test of the same schedule was being made by another researcher working with Japanese-Americans and Mexican-Americans. When both tests were completed revision was made in a few places in the schedule.

A sample of one hundred respondents was interviewed. This sample included fifty (25 males and 25 females) first generation Chinese-Americans and fifty (25 males and 25 females) second generation Chinese-Americans from the Chicago area. The term Chinese-American is used to indicate citizens of Chinese ancestry in the United States of America by Rose Hum Lee. She stresses the fact that

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[32]See Appendix A (This Structured Interview Schedule is a combined instrument for the study of pain and medical care among three groups - Chinese-Americans, Japanese-Americans, Mexican-Americans).

> American-Chinese are citizens of the United States by virtue of the jus soli principle, applicable to all persons born within the boundaries of the country. They have become citizens through birth and this right and privilege to citizenship was reaffirmed by the decision of the United States Supreme Court in 1898. The favorable ruling of this highest judicial organ instigated one of the harshest features of the 1882 Exclusion Act, prohibiting alien Chinese in the United States, and those entering later, from becoming citizens. This provision was repealed in 1943, at which time the right to naturalization was conferred upon alien Chinese who fulfilled the residential and legal requirements.
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> These citizens of Chinese ancestry are called either American-Chinese or Chinese-Americans.[33]

In this study, Chinese-American is used as a term to indicate both those naturalized immigrants and their descendents. The naturalized Chinese immigrants in the Chicago area are considered as first generation Chinese-Americans and their immediate descendents are considered as second generation Chinese-Americans.

Operationalized Concepts

Medical care and modern advance in medicine are the two operationalized concepts used in this research. One could say that medicine is concerned with the prevention as well as the cure of disease and the general maintainance of good health. However, the term "medical care" is difficult to define since it involves many factors of human environment. Medical care is recognized by many as a social process. It naturally relates to whether a person is healthy or ill, but health is often measured and maintained in different ways by people from different geographical

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[33]Rose Hum Lee, Op. cit.,p. 113

areas, societies, and cultures. Koos indicates this as

> whether in health or illness and whether the action taken in illness is positive or negative, these several alternatives have points in common. In each, the compulsive force of man's culture - that sum total of ideas, ideals, attitudes, and behavior patterns which are socially inherited - is present; in each, habit is a powerful arbiter; in each, the limitations of environment exhibit themselves. All these factors make the problems of health and illness far less simple than many will admit.[34]

As Lyle Saunders analyzed the situation when professional people serve patients with different cultural background, they always are puzzled by their "unreasonable" behavior. He indicates that these varied behaviors are difficult for them to understand because

> They derived in part from somewhat different notions about the meanings and relative values of health, education, welfare, family relationships, time, work, and personal and professional responsibility from generally shared by persons who have received professional training. These differences, to the extent that they represent something more than idiosyncratic variations, are manifestations of a conditioning in and by a cultural group that includes among its beliefs, practices and patterns of relationship many that are different from those of the dominant native English-speaking population of the United States.[35]

"Medical care" as used in this study is conceptualized in terms of attitude toward pain, response to pain and symptoms of illness, reaction toward treatment while hospitalized, preference for family doctor or specialist, use of regular medical check-ups, dependence on home therapy, concern with articles on health and medicine. The concept of "modern advance in medicine" is based

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[34] Earl Lomn Koos, The Health of Regionville, (New York: Columbia University Press 1954). p. 3

[35] Lyle Saunders, Cultural Difference and Medical Care, (New York: Russell Sage Foundation, 1954) pp. 5-6

on acceptance of treatment with modern medical instruments, purchase of health insurance, use of herbs or animal parts, preference for government-controlled or private medical facilities.

Eliot Freidson found out in his Patient's Views of Medical Practice

> The patients believed that the more the technical facilities available to the physician and used by him, the better was the medicine he could practice. Most patients naturally desired what they thought to be good technical care, but they insisted nontheless that without personal interest the practitioner could not use his full competence.[36]

However, the trend of modern medicine seems not to concur with what the patients want. Freidson indicates that

> Modern medicine still has roots in client demand, as it had in the past. Lately, however, it has become more and more dependent upon a varied array of colleagues and medical organizations which stand outside the lay community that the practice serves. This much is certain about present-day trends in medicine, and since practice is becoming subject to that external pressure in the course of becoming dependent upon it, it follows that medical culture becomes more and more insulated from patient culture; the amount of control that the patient can exercise over his fate in the consulting-room is being reduced.[37]

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[36] Eliot Freidson, Patient's Views of Medical Practice, (New York; Russell Sage Foundation, 1961) p.209

[37] Ibid., pp.226-227

Sampling Procedure

According to the 1960 Census Bureau figures, there were about 6,214 Chinese people living in the Chicago Metropolitan area.[38] In 1964, another estimate made by Mr.G. H. Wang who had been the Chairman of the Chinese-American Civic Council, stated that there were about nine thousand people of Chinese-descent living in the Chicago area. The American born constitute about 37% and most of them are young adults and children.[39]

In order to secure the location of these persons, the researcher sought co-operation from several medical organizations and physicans who have frequent contact with Chinese-Americans in the Chicago area. Among these, the Chinese-American Civic Council provided the researcher with some valuable information on the Chinese in Chicago. Of those agencies contacted, three religious organizations who serve the Chinese were willing to provide the researcher with their lists of members.

The total number of members obtained from these lists was 777. The names of seventy four individuals, children and those who lived in the suburbs, were excluded. Therefore, the universal population for this study was seven hundred and three. An initial identification of the first and second generation among

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[38]United States Census 1960, Population Characteristic, Table 21, Part 15, p. 104.

[39]G. H.Wang, "The Chinese in Chicago," written for the National Conference of Christians and Jews, June, 1964.

these persons was made with help from the three religious organizations. The first generation was represented by five hundred and thirty seven persons of whom two hundred and eighty nine were female, and two hundred and forty eight were male. The second generation was represented by one hundred and sixty six persons of whom eighty six were male and eighty were female. Since a sample of twenty five was required for each of these four groups, the procedure of getting this sample was demonstrated at regular intervals among the persons in each group. The names of persons (with address and telephone number) in each group were arranged in alphabetical and numerical order. The sample used for this study was required to have the experience of being hospitalized.

Prior to the interview, this initial sample obtained at regular intervals was contacted by telephone. The interviewer enquired whether the subject had been hospitalized as an adult or not. If he had been and was willing to cooperate with this study, an appointment was made at his convenience for the researcher to perform the structured interview schedule. Substitution had to be made in some cases where the individual originally contacted had not been hospitalized or refused to be interviewed. Among the second generation group of males, only fifteen respondents were obtained. Therefore ten second generation were not members of these three religious groups from whom the original total population was obtained. These men were located through the aid of the people already interviewed who suggested the names of acquaintances who might be eligible and willing.

The Interview

When the appointment for the interview had been made by telephone, the qualifications of the researcher and statement of the purpose of the study had been made clear to the respondents. After an appointment had been arranged, the researcher went to each of their residences or offices for the performance of the structured interview schedule. Among the first generation, forty interviews were performed at the respondents' homes, three in their offices; four were in restaurants at the respondents' suggestion; two in Church basements and one in the sitting room of the researcher's dormitory. Among the second generation, thirty seven interviews were completed at the respondents' homes; seven interviews were at the respondents' offices; one was in a restaurant; three were in the sitting room at the researcher's dormitory; one was in a university lounge; and one was in the waiting room of a department store.

The first interview was completed on December 2, 1966 and the last on May 13, 1967. During this period of five months, many appointments were made which had to be postponed because of the storm and severe cold weather. It was fortunate that very few of the respondents refused their original cooperation on account of the postponements.

The interviews were conducted in English and Chinese (either the Mandarin or Cantonese dialect). A rapport could be established readily in the language in which the respondent felt more at ease. Among the first generation, there were twenty nine interviews con-

ducted in the Cantonese dialect, five in the Mandarin dialect and sixteen in English. All fifty interviews with the second generation were conducted in English. The average length of the interviews was about one hour. Interviews conducted in Chinese dialects were longer than the ones conducted in English. At the beginning of each interview, the respondents were reassured that the structured interview schedule was confidential.

Characteristics of the Sample Studied

The characteristics of the sample studied are described in terms of the variables; such as age, marital status, family size, place of residence, length of time in the United States, education, occupation, income, religion, and parental backgrounds.[40]

(1) Age

The age differential between first and second generations of Chinese-Americans in the Chicago area is illustrated in Table 1. The age of the first generation was greater than that of the second generation. Thirty four per cent of the first generation Chinese-Americans and fifty four per cent of the second generation were under forty years of age. Sixty six per cent of the first generation and forty six per cent of the second generation were forty years or older.

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[40] In terms of Chinese-Americans in the Chicago area.

TABLE 1

AGE DISTRIBUTION OF THE FIRST AND SECOND GENERATION CHINESE-AMERICANS IN THE CHICAGO AREA

	First Generation		Second Generation	
	Number	Per cent	Number	Per cent
20-24	0	0	4	8
25-29	1	2	9	18
30-34	4	8	6	12
35-39	12	24	8	16
40-44	7	14	10	20
45-49	5	10	4	8
Over 50	21	42	9	18
Total	50	100%	50	100%

(2) Marital Status

The marital status of the two generations is more or less the same. Of the fifty persons in the first generation, forty one of them (82%) were married, five (10%) of them were widowed, two of them (4%) were divorced, only one (2%) was single and one (2%) remarried. Of the fifty persons of the second generation, forty four (88%) of them were married, only one was widowed, and one (2%) divorced, four of them (8%) were single.

(3) Family Size

The family size of first generation was larger than that of the second generation in this sample studied. Of the fifty persons in the first generation, 20 (40%) of them had four or more children, 13 (26%) of them had three children, 11(22%)of them had two children, five (10%) of them had one child and one was not married. Of the fifty persons in the second generation, nine (18%) of them had four or more children, thirteen (26%) of them had three children, fifteen (30%) had only two children and nine (18%) of them had only one child. There were four members of the second generation who were not married.

(4) Place of Residence

Places of residence were divided into two categories for this study. A person was considered to live in Chinatown (which includes from Cermak Road to 24th Place and between Princeton Avenue and Wentworth Avenue), or outside of Chinatown which included the rest of the city. Due to the limited time and the difficulty the researcher would have had traveling to the suburbs,[41] almost all the respondents chosen for this sample resided in the city (the one exception lived in Evergreen Park). There were no significant differences between the first and second generation of Chinese-Americans in terms of their place of residence. In the

[41]*The researcher does not drive a car.

In the FG*, 25 persons (50%) lived in Chinatown and 25 (50%) lived outside of Chinatown. In the SG*, 26 persons (52%) lived in Chinatown and 24 (48%) lived outside of Chinatown.

(5) Length of Time in the United States

This factor relates only to the first generation of this sample. This group is composed of naturalized American citizens and those who are still in the process of being naturalized. The length of time they have been here in America is important to this study, because it could have direct bearing on their involvement in American culture. This involvement is apt to make marked difference in the attitudes and opinions of the first generation as related to those of the second who were brought up in America. Among fifty persons in the FG, thirty five of them (70%) have come to the United States since 1940, and fifteen of them (30%) came to this country between 1910-1939. (See Table 2)

*FG means First Generation and SG means Second Generation.

TABLE 2

LENGTH OF TIME IN THE UNITED STATES OF AMERICA OF THE FIRST GENERATION CHINESE-AMERICANS

Year	Number	Per cent
1910-1919	3	6
1920-1929	7	14
1930-1939	5	10
1940-1949	13	26
1950-1959	14	28
1960-Present	8	16
Total	50	100%

(6) Education

The educational attainment of the second generation was higher than that of the first generation of Chinese-Americans in this study. Of the first generation, 27 (54%) have at least completed high school or have higher education, and twenty three (46%) did not finish high school. Of the SG, forty three (86%) have at least completed high school and only seven (14%) did not finish high school. (See TABLE 3)

TABLE 3

EDUCATIONAL ATTAINMENT OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Education	First Generation		Second Generation	
	Number	Per cent	Number	Per cent
No formal education	1	2	0	0
Some elementary school	5	10	0	0
Completed elementary school	6	12	1	2
Some high school	11	22	6	12
Completed high school	10	20	18	36
Some college	10	20	11	22
Completed college	4	8	8	16
Graduate and Professional	3	6	6	12
Total	50	100%	50	100%

(7) Occupation

Of the first generation in this sample, eleven (22%) had occupations which were professional or semi-professional, 8 (16%) were either manager or owner of a business, 3(6%) performed clerical or sales work, 16 (32%) were skilled-manual workers, 11 (22%) were unskilled-manual workers, one was retired. Of the second generation, 16 (32%) had occupations which were either

professional or semi-professional, six (12%) were manager or owner of a business, 12 (24%) performed clerical or sales work, 3 (6%) were skilled-manual workers, 11 (22%) were unskilled-manual workers, and two were retired. (see TABLE 4)

TABLE 4

OCCUPATION OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Occupation	First Generation		Second Generation	
	Number	Per cent	Number	Per cent
Professional and semi-professional	11	22	16	32
Manager or owner	8	16	6	12
Clerical and sales	3	6	12	24
Skilled-manual workers	16	32	3	6
Unskilled-manual workers	11	22	11	22
Retired	1	2	2	4
Total	50	100%	50	100%

(8) Family Annual Income

The annual family income of second generation in this sample had a higher distribution than that of the first generation. Of the second generation, 29 (58%) had an income of $8,000 a year and more, and 21 (42%) had one of less than $8,000 a year. Of the first generation, only 14 (28%) had an income of more than $8,000 a year, but 36 (72%) had a family income of less than $8,000 a year. (See TABLE 5)

TABLE 5

ANNUAL FAMILY INCOME OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Annual Income	First Generation Number	First Generation Per cent	Second Generation Number	Second Generation Per cent
Less than $1,999	5	10	3	6
$2,000 - $4,999	9	18	8	16
$5,000 - $7,999	22	44	10	20
$8,000 - $9,999	5	10	6	12
$10,000 - $14,999	4	8	16	32
More than $15,000	5	10	7	14
Total	50	100%	50	100%

(9) Religion

Though this sample was obtained from Christian groups, some of these adults were not Christian themselves but their children had been converted. Of the first generation, 27 (54%) were Protestants, 15 (30%)were Catholics, one (2%) was a Budhist, and 7 (14%) had no religion. Of the second generation, 22 (44%) were Protestants, 21 (42%) were Catholics, and 7 (14%) had no religion.

(10) Place of Birth

The Chinese-Americans in this sample were born in either China (and Hong Kong) or America. Of the first generation, forty six (96%) were born on the Chinese mainland, and four (8%) were born in Hong Kong. Of the second generation, forty seven (94%) were born in the United States of America, and three (6%) were born in China, but were brought to this country as infants.

Characteristics of the Parents of This Sample Studied

Almost all of the parents of this sample studied were of Chinese nationality. (The one exception was the mother of a person in the second generation who was Polish).

(1) Parent's Place of Birth

Most fathers of the FG were born in China. However five fathers were born in America, but they went back to China to be married. After a period of time they came back to America again and left their wives and children in China where the children

were brought up. Of the second generation, six fathers were born in America but had wives from China. Two were born in Honolulu and had Chinese wives from Honolulu.

Although most mothers of the second generation were born in China, seven mothers were born in America and one was born in Canada. Two were born in Honolulu as indicated above. The American and Canadian born mothers were married to husbands in China.

(2) Father's Occupation

There is no marked difference in occupation between the fathers of one generation and the other. 24 (48%) fathers of each generation were manager or business owners. Among the fathers of the FG, 8 (16%) were in professional or semi-professional jobs, one (2%) performed clerical or sales duties, 9 (18%) were skilled-manual workers, and 6 (12%) were unskilled-manual workers. Of the SG fathers, 4 (8%) were professional or semi-professional workers, two (4%) performed clerical or sales duties, 10 (20%) were skilled-manual workers, 9 (18%) were unskilled-manual workers, and one was retired. (See TABLE 6)

TABLE 6

OCCUPATIONS OF THE FATHERS OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Occupation	First Generation Number	First Generation Per cent	Second Generation Number	Second Generation Per cent
Professional and Semi-professional	8	16	4	8
Manager and business owner	24	48	24	48
Clerical and sales	1	2	2	4
Skilled-manual workers	9	18	10	20
Unskilled-manual workers	6	12	9	18
Retired	0	0	1	2
Total	48*	96%	50	100%

*Two subjects said that they did not know what occupations their fathers had.

(3) Parents' Educational Attainment

The educational attainment of the fathers of the two generations were more or less the same. 16 (32%) fathers of each generation had completed high school or attained higher education, and 34 (68%) fathers of each generation had not even finished high school. Many of them had no formal education.[42] (See TABLE 7)

[42] However, some of these people were said to have had family tutors in the old days when their families were able to afford them.

TABLE 7

EDUCATIONAL ATTAINMENT OF THE FATHERS' OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Education	First Generation		Second Generation	
	Number	Per Cent	Number	Per cent
No formal education	15	30	18	36
Some elementary school	9	18	3	6
Completed elementary school	7	14	7	14
Some High school	3	6	6	12
Completed High school	5	10	8	16
Some College	5	10	4	8
Completed College	2	4	4	8
Graduate or Professional	4	8	0	0
Total	50	100%	50	100%

The educational attainment of the mothers of the two generations also showed no significant difference. 45 (90%) mothers of the FG had less than high school education and 28 (56%) of them had no formal education, only 5 (10%) had completed high school. 43 mothers of the SG (86%) had less than high school education, but 5 (10%)had completed high school and two (4%)had received higher education. (See TABLE 8)

TABLE 8

EDUCATIONAL ATTAINMENT OF THE MOTHERS OF THE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Education	First Generation		Second Generation	
	Number	Per cent	Number	Per cent
No formal education	28	56	29	58
Some elementary school	10	20	4	8
Completed elementary school	2	4	7	14
Some high school	5	10	3	6
Completed high school	5	10	5	10
some College	0	0	1	2
Completed College	0	0	1	2
Graduate and Professional	0	0	0	0
Total	50	100%	50	100%

Statistical Analysis in this Study

The statistical technique used in the present study to analyze the data concerning attitudes toward medical care and modern advance in medicine is the chi-square distribution with a level of .05 significance.

CHAPTER III

A COMPARATIVE ANALYSIS OF DIFFERENCES IN ATTITUDE TOWARD MEDICAL CARE BETWEEN FIRST GENERATION OF CHINESE-AMERICANS AND SECOND GENERATION OF CHINESE-AMERICANS IN THE CHICAGO AREA

This chapter presents a comparative analysis of the attitude toward medical care among the first generation and the second generation of Chinese-Americans in the Chicago area. It has been hypothesized that the first generation of Chinese-Americans would avail themselves of medical care less frequently than the second generation. It has been said that the Chinese often rely upon home remedies, and that those who are immigrants are especially apt to let a disease run its course either through indifference, lack of money and medical services or for many reasons fear of contact with the larger society, of consulting a doctor or going to a hospital. On the other hand, those Chinese who were born in the United States of America are more apt to have accepted prevailing health standards and proper health education.

The analysis of attitude toward medical care of the two generations was based on such criteria as their attitude toward pain; response to pain; response to symptoms of illness; reaction toward treatment while hospitalized; preference for family doctor or specialist; use of regular medical check-ups; dependence on home therapy; and concern with articles on health and medicine.

Questions were constructed in terms of these criteria; (1) attitude toward pain (questions 60, 68); (2) response to pain (questions 58, 63-67, 69; (3) responses to symptoms of illness (question 50); (4) reaction toward treatment while hospitalized (questions 31-36); (5) preference for family doctor or specialist (questions 48-49); (6) use of regular medical check-ups (question 57); (7) dependence on home therapy (question 51); (8) concern with articles on health and medicine (questions 54-55). (See Appendix for questions)

(1) Attitude Toward Pain

One's attitude toward pain may affect how quickly one seeks to avail oneself of medical care. When pain is recognized cognitively as a matter of importance in relation to one's health state, certain kinds of care must be conferred according to the kind of apprehension one experiences which in turn is based on one's health background and custom. Mark Zborowski's pain study assumed that the members of different cultures may act differently toward various types of pain. He singled out two attitudes toward pain described as pain expentancy and pain acceptance. By pain expectancy he means anticipation of pain as being unavoidable in a given situation, and pain acceptance is a willingness to experience pain. He thought that this attitude of pain acceptance is manifested mostly as an inevitable component of culturally accepted experiences, for instance, as part initiation

rites or part of medical treatment.[43]

To study the acceptance of pain by first and second generation of Chinese-Americans the question "Do you think that having pain is necessary?" was asked. The result showed that eleven (22%) of the FG and eighteen (36%) of the SG considered that having pain was necessary. They felt that pain was necessary because it is a sign or warning which indicates something is wrong with one's body, and because sometimes pain is unavoidable under certain medical treatment. However, thirty eight (76%) of the FG considered that having pain was not necessary, and twenty five (50%) of the SG also thought it was not necessary. (See TABLE 9)

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[43] Mark Zborowski, "Cultural Components in Responses to Pain", in Patients Physician and Illness, edited by Gartly Jaco, Glenco, Illinois: The Free Press, 1960 second printing, p. 258.

TABLE 10

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK THAT EMOTIONAL EXPRESSIONS ARE HELPFUL FOR THE RELIEF OF PAIN EXPERIENCE?"

Answers	First Generation N=50	Second Generation N=50
Yes	19	24
No	25	22
Uncertain	6	4
Total	50	50

$X^2 = 1.36$ $P > .05$

(2) Response to Pain

The questions asked in this section are concerned with the patient's reaction toward pain in terms of a demand for relief and his readiness to complain of pain before the doctor and his family. Although according to the above data we found that the FG Chinese-Americans tend to think that having pain is not necessary, forty two(84%) of the FG would call for relief when they have pain. (See TABLE 11)

TABLE 11

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU HAVE PAIN, DO YOU CALL FOR RELIEF?"

Answers	First Generation N=50	Second Generation N=50
Yes	42	34
No	8	14
Uncertain	0	2*
Total	50	50
$X^2 = 4.44$		$P < .05$

*Two was added to the "No" category of the SG because the expected value in any call should never be less than 5 in the use of Chi Square.

With regard to the question "Do you feel free to complain of your pain to a doctor or a nurse?" forty nine members (98%) of the FG and forty seven (94%) of the SG do feel free to complain of their pain to a doctor or a nurse. However, there is a difference in attitude between the two generations as regards whether or not they should complain to their family. Most of the SG felt that it was not natural to complain a great deal to the family about their pain while the FG was quite evenly divided on the question. (See TABLE 12)

TABLE 12

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK IT NATURAL TO COMPLAIN OF YOUR PAIN A GREAT DEAL TO YOUR FAMILY?

Answers	First Generation N-50	Second Generation N=50
Yes	25	6
No	23	44
Uncertain	2	0
Total	50	50
$X^2=18.7$		$P < .05$

However, responses to question "Do you think it natural to call for help from members of your family?" are more or less the same. Most of the members of the two generations felt that it was natural to call for help from the members of their family, and to expect sympathy from them. Most of the SG prefer to be left alone when they are in pain, but most of the FG prefer to be cared for by others. (See TABLE 13) After the pain has been relieved, most members of both generations feel secure. This is indicated by answers to the question "Does the relief from pain give you security?"

TABLE 13

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU ARE IN PAIN, DO YOU PREFER TO BE LEFT ALONE OR TO BE CARED FOR BY OTHERS?"

Answers	First Generation N=50	Second Generation N=50
Alone	19	33
Cared for by others	29	14
Uncertain	2	3
Total	50	50
$X^2=7.86$		$P < .05$

(3) Response to Symptoms of Illness

The subjects were asked whether or not they would consult a doctor immediately if they experienced certain symptoms, eight were listed. These symptoms are: cough any time during the day or night which lasted for three weeks; getting tired for weeks at a time for no special reason; skin rash or breaking out on any part of the body; diahhrea (loose bowel movements) for four or five days; shortness of breath even after light work; unexplained loss of over ten pounds in weight; repeated pains in or near the heart; sore throat or running nose with a fever as high as 100 F for a day or more. In general, almost all of the subjects of

these two generations considered these symptoms would require them to see a doctor immediately. The differences between the two generations do not indicate any significance in terms of their response to these symptoms of illness. (See TABLE 14)

TABLE 14

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IF YOU HAVE SYMPTOMS AS FOLLOWS, DO YOU SEE A DOCTOR IMMEDIATELY?"

Symptoms	Answers	First Generation N=50	Second Generation N=50
a. Cough any time during the day or night which lasts for 3 weeks.	Yes	48	45
	No	2	5
	Total	50	50
	X^2=2.46		P > .05
b. Getting tired for weeks at a time for no special reason.	Yes	28	33
	No	22	17
	Total	50	50
	X^2=0.67		P > .05
c. Skin rash or breaking out on any part of the body.	Yes	28	32
	No	22	18
	Total	50	50
	X^2=.38		P > .05

TABLE 14 (Continued)

Symptoms	Answers	First Generation N=50	Second Generation N=50
d. Diarrhea (loose bowel movement) for for four or five days.	Yes	42	37
	No	8	13
	Total	50	50
	X^2=2.17		P > .05
e. Shortness of breath even after light work.	Yes	34	36
	No	16	14
	Total	50	50
	X^2=.047		P > .05
f. Unexplained loss of over ten pounds in weight.	Yes	40	36
	No	9	12
	Total	49	48
	X^2=1.03		P > .05
g. Repeated pains in or near the heart.	Yes	47	45
	No	3	5
	Total	50	50
	X^2=.13		P > .05
h. Sore throat or running nose with a fever high as 100F for a day or more	Yes	30	21
	No	20	29
	Total	50	50
	X^2= 3.508		P > .05

Forty eight (96%) of the FG and forty five (90%) of the SG would see a doctor immediately if they had a cough at any time during the day or night which persisted for three weeks. Forty seven (94%) of the FG and forty five (90%) of the SG considered repeated pains in or near the heart required a doctor's immediate attention. If they had a case of diarrhea for four or five days, forty two (84%) of the FG and thirty seven (74%) of the SG see a doctor immediately. Forty (80%) of the FG and thirty six (72%) of the SG thought they should see a doctor immediately if they had an unexplained loss of weight over ten pounds. If they were bothered by shortness of breath even after light work, thirty four (68%) of the FG and thirty six (72%) of the SG would see a doctor immediately. Thirty members (60%) of the FG and twenty one (42%) of the SG considered that they should see a doctor immediately if they had sore throat or running nose with a fever as high as 100 F for a day or more. If they felt tired for weeks at a time for no special reason, twenty eight (56%) of the FG and thirty three (66%) of the SG said they would see a doctor immediately. Twenty eight (56%)of the FG and thirty two (64%) of the SG said that they would see a doctor immediately when they had a rash or were broken out on any part of the body.

(4) Reaction Toward Treatment While Hospitalized

In this section, before a comparative analysis of the subjects' reaction toward the treatment which they received from the doctor while hospitalized is discussed, a brief record of their

last illness or injury will be presented in TABLE 15. Child birth ranks first as a cause for hospitalization, next come ulcers which are most common among men of the FG. This seems to indicate an important difference between the first and second generations in the United States. The first generation Chinese-Americans as immigrants must adjust themselves to the host culture and thus are apt to live a more stressful life than Chinese of second generation who are born and reared within the host culture.[44]

[44] In Chapter 2, the characteristics of the sample studied showed that the FG tended to earn less family annual income than the SG, and their educational attainments were generally lower than those of the SG.

TABLE 15-1

DISTRIBUTION OF ILLNESS AND INJURY AMONG FIRST AND SECOND GENERATIONS OF CHINESE-AMERICAN FEMALES IN THE CHICAGO AREA

First Generation		Second Generation	
Illness	Number (25)	Illness	Number (25)
Heel and belly trouble	1	Accessory breast removed	1
Brain tumor	1	Virus	1
Neuro-surgery	1	Cervical biopsy	1
Varicose vein	1	Cancer	1
Dizziness	1	Pneumonia	1
Bleeding	1	Gallblader operation	1
Stomach trouble	2	Cyst operation (Ovary)	1
Influenza	1	Female surgery	5
Female surgery	2	Child birth	9
Child birth	14	Influenza	1
		Accident	3
Total	25	Total	25

TABLE 15-2

DISTRIBUTION OF ILLNESS AND INJURY AMONG FIRST AND SECOND GENERATIONS OF CHINESE-AMERICAN MALES IN THE CHICAGO AREA

First Generation		Second Generation	
Illness	Number (25)	Illness	Number (25)
Suspect Appendicitis	1	Appendicitis	2
Spinal trouble	1	Bronchitis	1
Pneumonia	2	Urine and Gallbladder	1
Diabetes	1	Parkinson's disease	1
Cardiovascular disease	3	Prostate infection	1
Internal bleeding	1	Fistula	1
Tuberculosis	2	Ulcer	2
Ulcer	6	Tonsilitis	1
High blood pressure	1	Pneumonia	2
Gas poison	1	Influenza	3
Rheumatism	1	Chest pain	1
Accidents	5	Swollen gland	1
		Mental disease	1
		Malignant tumor	1
		Accidents	6
Total	25	Total	25

Most of the illness for which the respondents were hospitalized dated back from two to five years ago. (See TABLE 15-3)and the average length of stay in the hospital was two to five weeks. However, more than half of the FG stayed longer than two weeks. (See TABLE 15-4) The majority of the two groups were hospitalized in private hospitals. Only eight (16%) of the SG and five (10%) of the FG were confined in State or municipal hospitals. (See TABLE 15-5)

TABLE 15-3

DISTRIBUTION OF HOW LONG AGO HOSPITALIZATION TOOK PLACE AMONG FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Years	First Generation N 50	Second Generation N 50
One year or less	13	12
2-5 years ago	23	19
6-10 years ago	6	9
11 or more years ago	8	10
Total	50	50
	$\bar{X}$=4.59	$\bar{X}$=5.21

TABLE 15-4

DISTRIBUTION OF LENGTH OF STAY IN THE HOSPITAL AMONG FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Length of Stay	First Generation N=50	Second Generation N=50
One week or less	21	36
2-4 weeks	21	9
5-8 weeks	4	2
9 weeks and more	4	3
Total	50	50
	$\bar{X}$=2.92	$\bar{X}$=2.06

TABLE 15-5

DISTRIBUTION OF TYPE OF HOSPITAL IN WHICH FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA WERE CONFINED

Type of Hospital	First Generation N=50	Second Generation N=50
Private	45	41
State or Municipal	5	8
Clinic	0	1
Total	50	50

Most of the subjects of the FG and the SG reported that their doctors visited them once a day while they were in the hospital. Nine (18%) of the FG and seven (14%) of the SG said their doctor visited them two to three times a day. Eleven (22%) of the FG and ten (20%) of the SG said their doctor visited them frequently. (See TABLE 16)

TABLE 16

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "HOW MANY TIMES DID YOUR DOCTOR VISIT YOU?"

Number of visits	First Generation N=50	Second Generation N=50
Once a day	30	33
2-3 times a day	9	7
Infrequent	11	10
Total	50	50

Based on these statistics we found that the SG felt that the number of visits by their doctor were enough to take care of the kind of pain or discomfort they were experiencing. However, only thirty six (72%) of the FG felt the same way, and fourteen of them felt that the number of visits by their doctor were not enough to take care of the kind of pain or discomfort they were experiencing. (See TABLE 17)

TABLE 17

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WERE THE NUMBER OF VISITS BY YOUR DOCTOR, IN YOUR OPINION, ENOUGH TO TAKE CARE OF THE KIND OF PAIN OR DISCOMFORT YOU WERE EXPERIENCING?"

Answers	First Generation N=50	Second Generation N=50
Yes	36	45
No	12	5
Uncertain	2	0
Total	50	50
$X^2=4.15$		$P < .05$

In regard to the question of confidence in their doctor, forty six (92%) of the FG and forty two of the SG (84%) said that they were confident in him. Four (8%) of the FG and three (6%) of the SG reported they had harbored doubt about their doctor, and five (10%) of the SG answered they were uncertain. This has no statistical significance. (See TABLE 18)

TABLE 18

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DID YOU HAVE CONFIDENCE IN THE DOCTOR WHO TREATED YOU OR DID YOU HARBOR ANY DOUBTS?"

Confidence	First Generation N=50	Second Generation N=50
Confidence	46	42
Doubt	4	3
Uncertain	0	5
Total	50	50

$X^2 = 5.32$ $P > .05$

The responses to the question "Did you feel that the doctor took a personal interest in you?" also did not indicate any statistical significance. Thirty five (70%) of the FG and thirty eight (76%) of the SG felt that their doctor took a personal interest in them. Fifteen (30%) of the FG and twelve (24%) of the SG did not feel or were uncertain that their doctor took a personal interest in them. (See TABLE 19)

TABLE 19

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DID" YOU FEEL THAT THE DOCTOR TOOK A PERSONAL INTEREST IN YOU?"

Answers	First Generation N=50	Second Generation N=50
Yes	35	38
No	9	9
Uncertain	6	3
Total	50	50
$X^2=1.12$		$P > .05$

In general, more members of the SG than those of the first said that the doctor gave the kind of satisfaction they wanted in terms of the nature of symptoms, prognosis and relief when the doctor visited them. In terms of symptoms forty three (86%) of the FG and forty five (90%) of the SG felt satisfied with the doctor. With the doctor's prognosis forty two (84%) of the FG and forty four (88%) of the SG were satisfied. In terms of relief forty one (82%) of the FG and forty four (88%) of the SG were satisfied. Again there is no statistical significance. (See TABLE 20)

While they were in the hospital, most of the subjects from both generations said that they did not direct the physician's

attention to some aspect of their illness. But a few of them did. (seventeen of the SG - 34%), (and fifteen - 30% of the FG). There is also no statistical significance in this difference. (See TABLE 21)

TABLE 20

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN THE DOCTOR VISITED YOU, DID HE GIVE YOU THE KIND OF SATISFACTION YOU WANTED IN TERMS OF NATURE OF SYMPTOMS, PROGNOSIS AND RELIEF?"

Satisfaction in terms of	Answers	First Generation N=50	Second Generation N=50
a.Symptoms	Yes	43	45
	No	7	5
	Total	50	50
	X^2=.09		P > .05
b.Prognosis	Yes	42	44
	No	8	6
	Total	50	50
	X^2=.08		P > .05
c.Relief	Yes	41	44
	No	9	6
	Total	50	50
	X^2=.31		P > .05

TABLE 21

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU WERE IN THE HOSPITAL, DID YOU DIRECT THE PHYSICIAN"S ATTENTION TO SOME ASPECT OF YOUR ILLNESS?"

Answers	First Generation N=50	Second Generation N=50
Yes	15	17
No	35	33
Total	50	50
X^2=.46		P > .05

So far, the response toward treatment while hospitalized given by the first and second generations of Chinese-Americans seems to indicate the following. The Chinese-Americans of the first generation in this study tend to think that the number of visits by their doctor were not enough to take care of the kind of pain or discomfort they were experiencing. However, in general, the differences between the FG and the SG in terms of confidence in the doctor, whether the doctor took a personal interest in them or not, whether the doctor gave them the kind of satisfaction they wanted in terms of the nature of symptoms, prognosis and relief, whether they directed their doctor to some aspect of their illness, do not indicate any statistical significance.

(5) Preference for Family Doctor or Specialist

The data on preference for family doctor or specialist were collected on the basis of two questions. The first question was "In your opinion, is there any advantage in consulting a specialist rather than a general practitioner?" The answers to this question do not reveal any statistical significance. However, forty one (82%) of the FG and thirty eight (76%) of the SG felt that there was advantage in consulting a specialist. One (2%) of the FG and three (6%) of the SG considered that there was no advantage. (See TABLE 22)

TABLE 22

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IN YOUR OPINION, IS THERE ANY ADVANTAGE IN CONSULTING A SPECIALIST RATHER THAN A GENERAL PRACTITIONER?"

Answers	First Generation N=50	Second Generation N=50
Yes	41	38
No	1	3
Uncertain	8	9
Total	50	50
X^2=1.70		P > .05

Nine members (18%) of the SG answered that they were uncertain because they felt that whether they would consult either a specialist or a general practitioner must depend upon what kind of illness they might have. Eight (16%) of the FG also felt uncertain.

The second question was "Would you prefer to have your family doctor (if you have one) examine you before contacting a specialist?" It was discovered that most of the subjects of the SG interviewed do not have a general practitioner as family doctor, but they go to various specialists, such as gynaecologist for the mother and pediatrician for the children. They explained that they did this because general practitioners are becoming hard to get. Most of the doctors tend to specialize in one field nowadays.[45] The answers to this question showed that forty one (82%) of the FG and thirty six (72%) of the SG would prefer to have a family doctor examine them before they contacted a specialist. However, it has to be kept in mind that most of the FG claimed they did not have a family doctor or specialist whom they consulted regularly. (See TABLE 23)

[45] This information was not within the construction of the questionnaire but was obtained through conversation connected with this question.

TABLE 23

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WOULD YOU PREFER TO HAVE YOUR FAMILY DOCTOR (IF YOU HAVE ONE) EXAMINE YOU BEFORE CONTACTING A SPECIALIST?"

Answers	First Generation N=50	Second Generation N=50
Yes	41	36
No	8	13
Uncertain	1	1
Total	50	50
$X^2=2.03$		$P > .05$

Thirteen members (26%) of the SG and eight (16%) of the FG would not prefer to have a family doctor examine them before contacting a specialist. However, this difference in preference is not statistically significant.

In brief, the discrepancy between the two generations in terms of their opinion on consulting a specialist rather than a general practitioner, and their preference for family doctor or specialist does not have statistical significance. Most members of both generations felt that there was some advantage in consulting a specialist rather than a general practitioner, and most of them would prefer to have a family doctor examine them before they contacted a specialist.

(6) Use of Regular Medical Check-ups

The data on use of regular medical check-ups are based on the question "Do you have a regular medical check-up?" The result showed that twenty seven (54%) of the FG and thirty two (64%) of the SG have a regular medical check-up. However, twenty three (46%) of the FG and eighteen (36%) of the SG do not have a regular medical check-up. There is no statistical significance with regard to this distribution. (See TABLE 24) This may be due to the fact that the sample studied was selected with a requirement of having been previously hospitalized. In a sense, this group is considered as a control group. From their previous experience, they have learned the value of medical check-ups in terms of maintaining good health and preventing disease. Otherwise, there might be significant difference between the first and second generations of Chinese-Americans in terms of the use of regular medical check-ups.

TABLE 24

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU HAVE A REGULAR MEDICAL CHECK-UP?"

Answers	First Generation N=50	Second Generation N=50
Yes	27	32
No	23	18
Total	50	50
X^2=.66		P > .05

(7) Dependence on Home Therapy

The findings on this item are based on the question "If you think that you can cure sickness or injury by home therapy, is it necessary to go to the doctor?" Only eight (16%) of the FG and seven (14%) of the SG considered that they should go to the doctor even if they think they can cure sickness or injury by home therapy. Thirty nine (78%) of the FG and forty one (82%) of the SG said that it is not necessary to go to the doctor if they think that they can cure sickness or injury by home therapy. There is no statistical significance in this distribution. (See TABLE 25)

TABLE 25

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IF YOU THINK THAT YOU CAN CURE SICKNESS OR INJURY BY HOME THERAPY, IS IT NECESSARY TO GO TO THE DOCTOR?"

Home Therapy	First Generation N=50	Second Generation N=50
Yes	8	7
No	39	41
Uncertain	3	2
Total	50	50
X^2=.05		P > .05

(8) Concern with Articles on Health and Medicine

The data on concern with articles on health and medicine were secured from two questions. The first one was "Do you read the health columns in newspapers and newspaper articles about health?" These were answered in three categories: frequently, only occasionally and hardly ever. There is no statistical significant difference between these two generations in terms of this habit. The answers showed that fifteen of the SG (30%) and thirteen (26%) of the FG read the health columns in newspapers frequently. Twenty four (48%) in both generations read them only occasionally and thirteen (26%)of the FG and eleven (22%) of the SG hardly ever read them. (See TABLE 26)

TABLE 26

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU READ THE HEALTH COLUMNS IN NEWSPAPERS, AND NEWSPAPER ARTICLES ABOUT HEALTH?"

Answers	First Generation N=50	Second Generation N=50
Frequently	13	15
Only occasionally	24	24
Hardly ever	13	11
Total	50	50

$X^2 = .3$ $P > .05$

The second question was "Have you read any magazine columns or articles about health and medicine in the last month?" The result revealed that most of the FG have not read any such articles in the last month but a great number of SG have read them. This difference between the two generations has statistical significance. (See TABLE 27)

TABLE 27

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "HAVE YOU READ ANY MAGAZINE COLUMNS OR ARTICLES ABOUT HEALTH AND MEDICINE IN THE LAST MONTH?"

Answers	First Generation N=50	Second Generation N=50
Yes	8	22
No	41	27
Uncertain	1	1
Total	50	50

$X^2 = 9.43$ $P < .05$

SUMMARY

According to the result of this research, the members of the FG tend to think that having pain is not necessary, therefore, they call for relief when they have pain. Most of them consider that it is natural to complain a great deal about one's pain to their family and they also prefer to be cared for by others. They said that they were not quite satisfied with the number of visits by their doctor while they were hospitalized. They had not read articles about health and medicine in magazines in the month prior to the interview. On the other hand, most members of the SG consider that having pain is necessary because pain frequently indicates something is wrong with one's body and because sometimes pain is unavoidable under certain medical treatment. They tended to call for relief less than the FG when they had pain. They did not think that it was natural to complain a great deal about their pain to their family and they would prefer to be left alone rather than to be cared for by others. With regard to the number of visits by the doctor while they were hospitalized, they tended to be more satisfied with the number of visits made by their doctor than the FG. And most members of the SG claimed that they had read articles about health and medicine in a magazine during the month prior to the interview. This indicates that the SG of this sample studied seems to be more involved in the American culture than the FG.

However, there is no evidence of difference between the two generations to be found statistically from this study in terms of attitude toward medical care on such criteria as response to symptoms of illness, preference for family doctor or specialist, use of regular medical check-ups, dependence on home therapy and concern with articles in newspapers about health and medicine. This might be due to the fact that this is a limited study and used only those from the total population who had been previously hospitalized. Otherwise, it is possible that there would be differences in attitudes toward medical care between the two generations in terms of these criteria.

CHAPTER IV

A COMPARATIVE ANALYSIS OF DIFFERENCES IN ATTITUDE TOWARD MODERN ADVANCES IN MEDICINE BETWEEN FIRST GENERATION OF CHINESE-AMERICANS AND SECOND GENERATION OF CHINESE-AMERICANS IN THE CHICAGO AREA

This portion of the thesis will report and analyze the result from the empirical question "Are there significant differences in attitudes between these two groups regarding the acceptance of modern advances in medicine?" From past study, it has been learned that most patients would like to have what they believe to be good technical care; however, they consider that personal interest of the doctor in the patient is equally important, since without it the doctor cannot use his full competence. The trend of modern medicine in recent years has become more and more dependent upon a varied array of colleagues and medical organizations which stand outside the lay community that the practice serves. It seems that medical care is no longer directly rooted in the client demand, as it was in the past. This is especially so in the American society today. Various kinds of medical organizations, health programs, insurance policies have emerged from the demand of a highly industrialized and urbanized community. People often have to go through some kind of organizational procedures in order to get the kind of service or protection they need. Such a process might be easier for those who have been raised in and accustomed to this kind of society to follow than those who come from another society. This can be applied to this study among the two generations of Chinese-Americans.

Since the Chinese immigrants are a group of people deeply enrooted in herbalist tradition and they are used to having direct contact with doctor or herbist for medical care, they probably would react differently toward modern medicine from those Chinese who were born and reared in this country.

The data concerned with this portion of investigation of the differences in attitude toward modern medicine were based on such criteria as acceptance of treatment with modern medical instruments, coverage by health insurance, use of herbs or animal parts, and preference for government controlled or private medical facilities. Questions were dispersed throughout the structured interview schedule which related to these criteria: (1) acceptance of treatment with modern medical instruments (questions 29. Do the instruments in the doctor's office or in the hospital cause fear in you?); (2) coverage by health insurance (question 78. Do you think that health insurance is necessary even if you are not ill or should be hospitalized? 25. Do you have health insurance? 25A. If yes, please specify. 26. Has any health insurance you own been purchased through your company?); (3) use of herbs or animal parts (question 52. Do you depend upon herbs or animal parts when you are sick?); (4) preference for government controlled or private medical facilities (question 28. Are you in favor of socialized medicine? 81. In what kind of hospital would you prefer to be hospitalized?) The answers to these questions will be analyzed statistically in the following sections.

(1) Acceptance of Treatment with Modern Medical Instruments

The information on acceptance of treatment with modern medical instruments in relation to these two generations was collected from the question "Do the instruments in the doctor's office or in the hospital cause fear in you?" Among the FG nine (18%) admitted that the instruments in the doctor's office or in the hospital caused fear in them, and among the SG eleven (22%) also admitted the same thing. Forty (80%) of the FG and thirty seven (74%) of the SG said that the instruments in the doctor's office or in the hospital do not cause fear in them. Only one (2%) of the FG and two (4%) of the SG were uncertain about it. There is no statistical significance in these differences. (See TABLE 28)

TABLE 28

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO THE INSTRUMENTS IN THE DOCTOR"S OFFICE OR IN THE HOSPITAL CAUSE FEAR IN YOU?"

Answers	First Generation N=50	Second Generation N=50
Yes	9	11
No	40	37
Uncertain	1	2
Total	50	50

$X^2 = .902$ $P > .05$

(2) Purchase of Health Insurance

The data on attitude toward and purchase of health insurance by the first and second generations of Chinese-Americans were based on the questions "Do you think that health insurance is necessary even if you are not ill or should be hospitalized?" and "Do you have health insurance?" And also questions as to the kind of health insurance carried.

There are no statistically significant differences in attitude toward coverage by health insurance according to the results. Most of the members of both generations felt that health insurance is necessary even if they are not ill or should be hospitalized. Only five (10%) of the FG and two (4%) of the SG felt uncertain about it. These said that they thought that it depends on one's health condition and one's financial ability. A person does not get sick or injured every day; therefore, if one seldom gets sick or injured, and one is financially able to manage the situation, direct payment can be even less costly than having health insurance in a long run. (See TABLE 29)

The majority of members of both generations carry health insurance either through group or individual purchase. Forty four (88%) of the FG and forty five (90%) of the SG reported they carried health insurance. However, six (12%) of the FG and five (10%) of the SG did not have any health insurance. (See TABLE 30)

TABLE 29

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK THAT HEALTH INSURANCE IS NECESSARY EVEN IF YOU ARE NOT ILL OR SHOULD BE HOSPITALIZED?"

Answers	First Generation N=50	Second Generation N=50
Yes	45	48
No	0	0
Uncertain	5	2
Total	50	50

$X^2 = 1.38$ $P > .05$

TABLE 30

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU HAVE HEALTH INSURANCE?"

Answers	First Generation N=50	Second Generation N=50
Yes	44	45
No	6	5
Total	50	50

$X^2 = .102$ $P > .05$

Most of the health insurance carried included hospital, surgical and medical insurance. Thirty three (66%) of the FG and forty one (82%) of the SG reported that their health insurance included hospital, surgical and medical insurance. Four (8%) of the FG and three (6%) of the SG had only hospital and surgical insurance. There were seven (14%) of the FG involved in medicare program. The rest of the members in both generations did not have any health insurance. (See TABLE 31)

TABLE 31

DISTRIBUTION OF SPECIFIC HEALTH INSURANCE CARRIED BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

Answers	First Generation N=50	Second Generation N=50
Hospital insurance		
Surgical insurance	33	41
Medical insurance		1
Hospital and surgical	4	3
Medicare	7	0
Do not have any	6	5
Total	50	50

$X^2 = 3.32$ $P > .05$

Over half of the health insurance carried by these two generations had been purchased through their company. Excluding those who do not carry health insurance, thirty four (68%) of the FG and thirty seven (74%) of the SG said that they had purchased their insurance through their company. Ten (20%) of the FG and eight (16%) of the SG reported that they did not purchase their health insurance through their company. (See TABLE 32)

TABLE 32

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "HAS ANY HEALTH INSURANCE YOU OWN BEEN PURCHASED THROUGH YOUR COMPANY?"

Answers	First Generation N=50	Second Generation N=50
Yes	34	37
No	10	8
Do not have any	6	5
Total	50	50

(3) Dependence on Herbs or Animal Parts

A difference between the two generations in regard to dependence on herbs or animal parts was found through the question "Do you depend upon herbs or animal parts when you are sick?" The result revealed that the first generation of Chinese-Americans had a higher tendency to depend upon herbs or animal parts when they were sick than the second generation of Chinese-Americans. This would indicate that the members of the SG were more involved in American culture and removed from the influence of traditional Chinese culture. Therefore, the members of the second generation would be more ready to make use of the modern advance in medicine as a matter of expedience than the members of the first generation. (See TABLE 33)

TABLE 33

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU DEPEND UPON HERBS OR ANIMAL PARTS WHEN YOU ARE SICK?"

Answers	First Generation N=50	Second Generation N=50
Yes	34	9
No	13	39
Uncertain	3	2
Total	50	50

$X^2 = 23.64$ $P < .05$

(4) Preference for Government-Controlled or Private Medical Facilities

The data on preference for government-controlled or private medical facilities were obtained from two questions. The first question was "Are you in favor of socialized medicine?" The answers given by the two generations did not reveal any difference of statistical significance. However, thirty (60%) of the FG and nineteen (38%) of the SG were in favor of socialized medicine. There were fifteen (30%) of the FG and nineteen (38%) of the SG not in favor of the socialized medicine. Five (10%) of the FG and twelve (24%) of the SG were uncertain about it. (See TABLE 34)

TABLE 34

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "ARE YOU IN FAVOR OF SOCIALIZED MEDICINE?"

Answers	First Generation N=50	Second Generation N=50
Yes	30	19
No	15	19
Uncertain	5	12
Total	50	50
$X^2=5.84$		$P > .05$

The second question was "In what kind of hospital would you prefer to be hospitalized?" The answers given by the two generations to this question showed that Chinese-Americans of the SG

have a higher tendency to prefer to be hospitalized in a private hospital than the first. There were thirty nine (78%) of the FG and forty six (92%) of the SG who said that they would prefer to be hospitalized in a private hospital. Only four (8%) of the FG and one (2%) of the SG preferred to be hospitalized in state or municipal hospital. There were seven (14%) of the FG and three (6%) of the SG with no preference. (See TABLE 35)

TABLE 35

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IN WHAT KIND OF HOSPITAL WOULD YOU PREFER TO BE HOSPITALIZED?"

Answers	First Generation N=50	Second Generation N=50
Private	39	46
Municipal or State	4	1 1
No preference	7	3
Total	50	50
$X^2=5.31$		$P < .05$

This significant difference between these two generations seems to indicate that the Chinese-Americans of the second generation tend to be more self-reliant and self-sufficient than those of the first generation. The second generation have become more like the American as described by Francis L. K. Hsu.[46]

[46] Francis L. K. Hsu, Op.cit.

Summary

According to the data obtained with regard to the attitudes toward modern advance in medicine, there are significant differences between the Chinese-Americans of the first generation and the Chinese-Americans of the second generation in terms of dependence upon herbs or animal parts and preference for attending certain kind of hospitals. The first generation seems to have a higher tendency to depend upon herbs or animal parts for their sickness than the second generation. The second generation tends to be more in favor of private medical facilities as opposed to government-controlled facilities. There are no significant differences in attitude toward modern medical instruments in the doctor's office or in the hospital and purchase of health insurance. In fact, much health insurance can be purchased through group policy at low cost, and many companies would require their employees to purchase health insurance. Therefore, most members of both generations carry health insurance. In short, the members of the second generation seem to be more ready to accept modern advance in medicine as a matter of expedience since they are more removed from the influence of traditional Chinese culture and they have a greater contact with the American culture than the members of the first generation.

CHAPTER V

A COMPARATIVE ANALYSIS OF DIFFERENCES IN ATTITUDE TOWARD MEDICAL CARE AND MODERN ADVANCES IN MEDICINE BETWEEN FIRST GENERATION OF CHINESE-AMERICANS AND SECOND GENERATION OF CHINESE-AMERICANS IN THE CHICAGO AREA CROSS CLASSIFIED BY EDUCATION AND PLACE OF RESIDENCE

In the previous chapters answers to eight questions revealed certain significant differences in the attitudes of first and second generations of Chinese-Americans toward medical care and modern advances in medicine. In this chapter these significant differences will be cross classified in relation to the educational attainment and place of residence (in Chinatown or outside it) of the members of the two generations. Educational attainment is considered in terms of whether an individual has completed high school or not.

(1) Significant Differences Cross Classified by Education

Responses to the question "Do you think that having pain is necessary?" given by members of the first and second generations showed significant differences in attitude toward pain. Seventy six per cent of the FG as compared with fifty per cent of the SG thought that having pain was not necessary. On the other hand, twenty two per cent of the FG as compared with thirty six per cent of the SG thought that having pain was necessary. (See TABLE 36-1)

TABLE 36-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK THAT HAVING PAIN IS NECESSARY?"

Answers	First Generation		Second Generation	
	Number	%	Number	%
Yes	11	22	18	36
No	38	76	25	50
Uncertain	1	2	7	14
Total	50	100%	50	100%

Among the first generation, twenty seven were high school graduates and twenty three were non-high school graduates. Eighty three per cent of the non-high school graduates thought that having pain was not necessary, and only seventy per cent of the high school graduates also thought it was not necessary. However, thirty per cent of the high school graduates as compared with thirteen per cent of the non-high school graduates thought that having pain was necessary. Among the second generation, forty three were high school graduates and only seven were not high school graduates. Forty nine per cent of the high school graduates as compared with fifty seven per cent of the non-high-school graduates thought that having pain was not necessary. Thirty seven per cent of the high school graduates considered that having pain was necessary as compared with twenty nine per

cent of those who were not high-school graduates. This distribution seems to reveal the fact that those who have obtained more education tend to think that having pain is necessary and those who have had less education tend to consider that having pain is not necessary. (See TABLE 36-2)

TABLE 36-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL GRADUATE AND NON-HIGH-SCHOOL GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK THAT HAVING PAIN IS NECESSARY?"

Answers	First Generation				Second Generation			
	High-school		Non-High-school		High-school		Non-High-school	
	Number	%	Number	%	Number	%	Number	%
Yes	8	30	3	13	16	37	2	29
No	19	70	19	83	21	49	4	57
Uncertain	0	0	1	4	6	14	1	14
Total	27	100%	23	100%	43	100%	7	100%

However, the differences in attitude toward pain between the first and the second generations still remain substantially unchanged.

The responses to the question "When you have pain do you call for relief?" given by the two generations showed that the members of the first generation have a stronger tendency to call

for relief when they have pain than those of the SG. (See TABLE 37-1)

TABLE 37-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU HAVE PAIN DO YOU CALL FOR RELIEF?"

Answers	First Generation		Second Generation	
	Number	%	Number	%
Yes	42	84	34	68
No	8	16	14	28
Uncertain	0	0	2	4
Total	50	100%	50	100%

Of the first generation, eighty one per cent of the high-school graduates and eighty seven per cent of the non-high-school graduates reported that they would call for relief when they have pain. On the other hand, nineteen per cent of the high-school graduates and thirteen per cent of the non-high-school graduates said they would not call for relief when they have pain.

Of the second generation, sixty seven per cent of the high-school graduates as compared with seventy one per cent of the non-high-school graduates claimed that they would call for relief when they have pain. And twenty eight per cent of the high-school graduates as compared with twenty nine per cent of the non-

high school graduates said that they would not call for relief when they have pain. (See TABLE 37-2)

TABLE 37-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL GRADUATE AND NON-HIGH-SCHOOL GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU HAVE PAIN DO YOU CALL FOR RELIEF?"

Answers	First Generation				Second Generation			
	High-school		Non-High-school		High-school		Non-High-school	
	Number	%	Number	%	Number	%	Number	%
Yes	22	81	20	87	29	67	5	71
No	5	19	3	13	12	28	2	29
Uncertain	0	0	0	0	2	5	0	0
Total	27	100%	23	100%	43	100%	7	100%

Observed from these varying percentages, it seems that those who obtained less education have a slightly higher tendency to call for relief when they have pain than those who have attained at least a high school education. But this tendency is not substantial enough to make it appear that education is a strong influential factor on the members of these two generations in this regard.

The responses to the question "Do you think it natural to complain of your pain a great deal to your family?" given by the two generations showed that most members of the SG did not consider that it is natural to complain of their pain a great deal to their family, but one half of the FG considered it is natural to complain of their pain a great deal to their family. (See TABLE 38-1)

TABLE 38-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK IT NATURAL TO COMPLAIN OF YOUR PAIN A GREAT DEAL TO YOUR FAMILY?"

Answers	First Generation		Second Generation	
	Number	%	Number	%
Yes	25	50	6	12
No	23	46	44	88
Uncertain	2	4	0	0
Total	50	100%	50	100%

Among the first generation, forty one per cent of the high-school graduates and sixty one per cent of the non-high-school graduates considered that it was natural to complain of their pain to their family, but fifty five per cent of the high-school graduates and thirty five per cent of the non-high-school graduates thought that it was not natural to complain of their pain a great

deal to their family.

Among the second generation, only twelve per cent of the high-school graduates and fourteen per cent of the non-high-school graduates considered that it was natural to complain of their pain a great deal to their family, but eighty eight per cent of the high-school graduates and eighty six per cent of the non-high-school graduates considered that it was not natural to complain of their pain a great deal to their family. (See TABLE 38-2)

TABLE 38-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH-SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK IT NATURAL TO COMPLAIN OF YOUR PAIN A GREAT DEAL TO YOUR FAMILY?"

Answers	First Generation				Second Generation			
	High-school		Non-High-School		High-School		Non-High-school	
	Number	%	Number	%	Number	%	Number	%
Yes	11	41	14	61	5	12	1	14
No	15	55	8	35	38	88	6	86
Uncertain	1	4	1	4	0	0	0	0
Total	27	100%	23	100%	43	100%	7	100%

The trend apparent in this distribution seems to indicate that those with higher education tend not to complain of their pain a great deal to their family, and those with less education are more apt to complain of their pain a great deal to their family. Even when the educational factor is taken into account, however, the differences between the two generations on this question are substantial.

With regard to the question "When you are in pain, do you prefer to be left alone or to be cared for by others?" the responses given by the two generations showed that most members of the SG tend to prefer to be left alone and most of the FG tend to prefer to be cared for by others. (See TABLE 39-1)

TABLE 39-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU ARE IN PAIN, DO YOU PREFER TO BE LEFT ALONE OR TO BE CARED FOR BY OTHERS?"

Answers	First Generation Number	%	Second Generation Number	%
Alone	19	38	33	66
Cared for by others	29	58	14	28
Uncertain	2	4	3	6
Total	50	100%	50	100%

Among the first generation, thirty seven per cent of the high-school graduates as compared with thirty nine per cent of the non-high-school graduates claimed that they prefer to be left alone when they are in pain, but fifty six per cent of the high-school graduates as compared with sixty one per cent of the non-high-school graduates claimed that they prefer to be cared for by others when they are in pain.

Among the second generation, sixty seven per cent of the high-school graduates and fifty seven per cent of the non-high-school graduates said they prefer to be left alone when they are in pain, but only twenty six per cent of the high-school graduates and forty three per cent of the non-high-school graduates claimed that they prefer to be cared for by others when they are in pain (See TABLE 39-2)

TABLE 39-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH-SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU ARE IN PAIN, DO YOU PREFER TO BE LEFT ALONE OR TO BE CARED FOR BY OTHERS?"

Answers	First Generation				Second Generation			
	High-School		Non-High-School		High-School		Non-High-School	
	Number	%	Number	%	Number	%	Number	%
Alone	10	37	9	39	29	67	4	57
Cared for by others	15	56	14	61	11	26	3	43
Uncertain	2	7	0	0	3	7	0	0
Total	27	100%	23	100%	43	100%	7	100%

This distribution reveals that members of the first generation whether graduates of high school or not prefer to be cared for by others. However, although more than 50% of both high school and non-high school graduates of the SG prefer to be left alone, this preference is considerably more evident among the high school graduates. The differences in preference to be left alone or to be cared for by others between the two generations are still substantially significant whether the differences due to educational attainment are considered or not.

In considering the question "Were the number of visits by your doctor in your opinion enough to take care of the kind of pain or discomfort you were experiencing?" more members of the SG than those of the FG felt that the number of visits by their doctor were sufficient. (See TABLE 40-1)

TABLE 40-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WERE THE NUMBER OF VISITS BY YOUR DOCTOR IN YOUR OPINION ENOUGH TO TAKE CARE OF THE KIND OF PAIN OR DISCOMFORT YOU WERE EXPERIENCING?"

Answers	First Generation Number	%	Second Generation Number	%
Yes	36	72	45	90
No	12	24	5	10
Uncertain	2	4	0	0
Total	50	100%	50	100%

Among the first generation, seventy four per cent of the high school graduates and sixty nine per cent of the non-high school graduates reported that their doctor's visits were enough to take care of the discomfort they were experiencing, but twenty six per cent of the high school graduates and twenty two per cent of the non-high school graduates did not think that their doctor visited them often enough to take care of the kind of discomfort they were experiencing. (See TABLE 40-2)

TABLE 40-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WERE THE NUMBER OF VISITS BY YOUR DOCTOR ENOUGH TO TAKE CARE CARE OF THE KIND OF DISCOMFORT YOU WERE EXPERIENCING?"

Answers	First Generation				Second Generation			
	High-school		Non-High-school		High-school		Non-High-school	
	Number	%	Number	%	Number	%	Number	%
Yes	20	74	16	69	39	90	6	86
No	7	26	5	22	4	10	1	14
Uncertain	0	0	2	9	0	0	0	0
Total	27	100%	23	100%	43	100%	7	100%

Among the second generation, ninety per cent of the high school graduates and eighty six per cent of the non-high school graduates admitted that the number of visits by their doctor were enough to take care of their discomfort, but ten per cent of the high school graduates and fourteen per cent of the non-high school graduates felt that the number of visits by their doctor were not enough to take care of the kind of pain or discomfort they were experiencing.

Here again, there is some difference to be observed between

the high school graduates and non-high-school graduates. Those with the higher education seem more able to accept the treatment received (here in terms of frequency of visits) than those with less education. However, even when the educational factor is taken into account we can again see a substantial difference between the two generations.

When they answered the question "Have you read any magazine columns or articles about health and medicine in the last month?" the majority of the FG admitted that they had not. A considerably higher percentage of the SG claimed that they had read such articles during the month prior to the interview.(See TABLE 41-1)

TABLE 41-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "HAVE YOU READ ANY MAGAZINE COLUMNS OR ARTICLES ABOUT HEALTH AND MEDICINE IN THE LAST MONTH?"

Answers	First Generation Number	%	Second Generation Number	%
Yes	8	16	22	44
No	41	82	27	54
Uncertain	1	2	1	2
Total	50	100%	50	100%

Among the non-high school graduates ninety one per cent of the FG and seventy one per cent of the SG reported that they had not read any magazine columns or articles about health and medicine during the month prior to the interview while nine per cent of the FG and twenty nine per cent of the SG had read such material recently. Among the high school graduates twenty two per cent of the FG and forty six per cent of the SG claimed they had read magazine columns or articles about health and medicine during the previous month while seventy four per cent of the FG and fifty two per cent of the SG said they had not. (See TABLE 41-2)

TABLE 41-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH-SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "HAVE YOU READ ANY MAGAZINE COLUMNS OR ARTICLES ABOUT HEALTH AND MEDICINE IN THE LAST MONTH?"

Answers	First Generation				Second Generation			
	High school		Non-High school		High school		Non-High school	
	Number	%	Number	%	Number	%	Number	%
Yes	6	22	2	9	20	46	2	29
No	20	74	21	91	22	52	5	71
Uncertain	1	4	0	0	1	2	0	0
Total	27	100%	23	100%	43	100%	7	100%

Here education seems to be an important factor as well as difference in generation. A considerably larger percentage of those with high school education had read articles or columns pertaining to health or medicine than those with less than high school education. But again the difference between generations is substantial even when the educational factor is taken into account.

In regard to the question "Do you depend upon herbs or animal parts when you are sick?" the majority of the FG admitted that they depend upon herbs or animal parts when they are sick, but the majority of the SG said that they do not depend upon herbs or animal parts when they are sick. (See TABLE 42-1)

TABLE 42-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU DEPEND UPON HERBS OR ANIMAL PARTS WHEN YOU ARE SICK?"

Answers	First Generation		Second Generation	
	Number	%	Number	%
Yes	34	68	9	18
No	13	26	39	78
Uncertain	3	6	2	4
Total	50	100%	50	100%

Of the first generation, sixty three per cent of the high school graduates and seventy four per cent of the non-high-school graduates admitted that they depend upon herbs or animal parts when they are sick, but thirty three per cent of the high-school graduates and seventeen per cent of the non-high-school graduates said that they would not depend upon herbs or animal parts when they are sick.

Of the second generation, seventy four per cent of the high school graduates and one hundred per cent of the non-high-school graduates said that they would not depend upon herbs or animal parts when they are sick, but twenty one per cent of the high school graduates admitted that they depend upon herbs or animal parts when they are sick. (See TABLE 42-2)

TABLE 42-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH-SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU DEPEND UPON HERBS OR ANIMAL PARTS WHEN YOU ARE SICK?"

Answers	First Generation				Second Generation			
	High school		Non-High school		High school		Non-High school	
	Number	%	Number	%	Number	%	Number	%
Yes	17	63	17	74	9	21	0	0
No	9	33	4	17	32	74	7	100
Uncertain	1	4	2	9	2	5	0	0
Total	27	100%	23	100%	43	100%	7	100%

In spite of the fact that those who attained less education have a higher tendency to depend upon herbs or animal parts when they are sick than those who were more educated in general, there seems to be another hidden tendency among those who attained more than high school education to depend upon herbs or animal parts when they are sick, especially the high school graduates of the SG. This seems to indicate the fact that in addition to the assimilation of the SG to American culture it seems still to retain the traditional culture to some degree. Nevertheless, the differences between the first and second generations in regard to the use of herbs or animal parts still is substantial.

With regard to preference for hospitals, a higher percentage of the SG than of the FG prefer to be hospitalized in a private hospital. (See TABLE 43-1)

TABLE 43-1

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IN WHAT KIND OF HOSPITAL WOULD YOU PREFER TO BE HOSPITALIZED?"

Hospitals	First Generation Number	%	Second Generation Number	%
Private	39	78	46	92
Municipal or State	4	8	1	2
No preference	7	14	3	6
Total	50	100%	50	100%

Of the first generation eighty five per cent of the high school graduates preferred to be hospitalized in a private hospital, but thirteen per cent and seventeen per cent of the non-high-school graduates preferred to be in a municipal hospital or had no preference respectively.

Of the second generation ninety one per cent of the high-school graduates preferred to be hospitalized in a private hospital, but one hundred per cent of the non-high school also preferred a private hospital. (See TABLE 43-2)

TABLE 43-2

DISTRIBUTION OF ANSWERS GIVEN BY HIGH-SCHOOL-GRADUATE AND NON-HIGH-SCHOOL-GRADUATE FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IN WHAT KIND OF HOSPITAL WOULD YOU PREFER TO BE HOSPITALIZED?"

Answers	First Generation				Second Generation			
	High-school		Non-High-school		High-school		Non-High-school	
	Number	%	Number	%	Number	%	Number	%
Private	23	85	16	70	39	91	7	100
Municipal	1	4	3	13	1	2	0	0
No preference	3	11	4	17	3	7	0	0
Total	27	100%	23	100%	43	100%	7	100%

The differences classified by educational attainment in response to this question do not seem to indicate any additional significance.

(2) Significant Differences Cross Classified by Residence in Chinatown and outside of Chinatown

In this section those questions which showed significant differences between the members of the two generations and which were already cross classified by educational attainment will be cross classified again, this time by place of residence. This will be considered in terms of whether individuals reside in Chinatown or outside it.

Chinatown has been recognized as a voluntarily segregated "ghetto" where Chinese immigrants and those of Chinese descent can retain Chinese customs, culture, and language while living in America. The "ghetto" defined by Louis Wirth, "is pre-eminently a cultural community..... The very location of the ghetto is not merely determined by accessibility and low rents, but by tradition."[47]

Wirth indicates that

> "The ghetto furthermore demonstrates the extent to a local culture is a matter of geographical location... Once the individual is removed from the soil to which he and his institutions have been attached, he is exposed to the possibility of losing his character and disappearing as a distinct type. His institutions, too, can ill afford the strain that comes with migration to another locality."[48]

He viewed the ghetto as an effect of isolation which has been

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[47] Louis Wirth, The Ghetto, (Chicago, Illinois, The University of Chicago Press, 1928.) pp. 201-202

[48] Ibid., p.286

produced "by absence of intercommunication through difference in language, customs, sentiments, traditions, and social forms." It is not so much a physical fact as it is a state of mind.[49]

Therefore, an attempt is made to find out whether there is any significant indication in the differences between the first and second generations in terms of the resident locality.

The residences of the members of the two generations are almost equally divided in number. Among the first generation, twenty five live in Chinatown and twenty five live outside of Chinatown. Of the second generation, twenty six live in Chinatown and twenty four live outside of Chinatown.

It has been indicated before that most members of the FG tend to consider having pain is not necessary and members of the SG tend to consider having pain is necessary. Among the FG, those who live in Chinatown are more apt to think that having pain is necessary than those who live outside of Chinatown. Among the SG, those who do not live in Chinatown are more likely to think that having pain is necessary than the Chinatown residents. (See TABLE 44)

The association of Chinatown residents and non-Chinatown residents to answers of whether pain is necessary or not revealed a psychological influence among the members of the first generation, and a cultural influence among the members of the second generation. Among the FG, those who live in Chinatown considered

[49] Ibid., p.287

that having pain was necessary. This could be due to the fact that they feel more secure psychologically because they live in a more familiar environment than those who live outside of Chinatown. However, among the SG it seems that those who do not live in Chinatown are more influenced by the American values than the ones who live in Chinatown.

TABLE 44

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK THAT HAVING PAIN IS NECESSARY?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	7	28	4	16	8	31	10	42
No	17	68	21	84	15	57	10	42
Uncertain	1	4	0	0	3	12	4	16
Total	25	100%	25	100%	26	100%	24	100%

With regard to demand for relief when they have pain, more members of the first generation tend to call for relief than those of second generation. Among the FG, seventy two per cent of the Chinatown residents and ninety six per cent of the non-Chinatown residents admitted that they would call for relief when they have pain, but twenty eight per cent of the Chinatown residents and

four per cent of the non-Chinatown residents would not call for relief when they have pain. Of the SG, sixty five per cent of the Chinatown dwellers and seventy one per cent of the non-Chinatown dwellers admitted that they would call for relief when they had pain, but thirty five per cent of the Chinatown dwellers and twenty one per cent of the non-Chinatown dwellers would not call for relief when they had pain. (See TABLE 45)

TABLE 45

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN TO THE QUESTION "WHEN YOU HAVE PAIN DO YOU CALL FOR RELIEF?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	18	72	24	96	17	65	17	71
No	7	28	1	4	9	35	5	21
Uncertain	0	0	0	0	0	0	2	8
Total	25	100%	25	100%	26	100%	24	100%

It seems to be those who live outside of Chinatown who tend to call for relief when they have pain rather than those who live in Chinatown, especially those of the FG.

Most members of the FG considered that it is natural to complain of one's pain a great deal to one's family but most members

of the SG considered that it is not natural. Among the FG, fifty six per cent of the Chinatown dwellers and forty four per cent of the non-Chinatown dwellers considered that it was natural to complain of pain a great deal to their family, but forty per cent of the Chinatown dwellers felt it was not natural. Among the SG, the majority of both Chinatown and non-Chinatown dwellers considered that it was not natural to complain a great deal to one's family and there is no great difference between those who live in or outside of Chinatown. (See TABLE 46)

TABLE 46

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "DO YOU THINK IT NATURAL TO COMPLAIN OF YOUR PAIN A GREAT DEAL TO YOUR FAMILY?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	14	56	11	44	3	12	3	13
No	10	40	13	52	23	88	21	87
Uncertain	1	4	1	4	0	0	0	0
Total	25	100%	25	100%	26	100%	24	100%

It is significant that most members of the FG have claimed that they prefer to be cared for by others when they are in pain,

but most of the SG have insisted that they prefer to be left alone when they are in pain. (See TABLE 47) Among the FG forty four per cent of those who live in Chinatown and thirty two per cent of those who live outside of Chinatown prefer to be left alone when they are in pain, but fifty six per cent of the Chinatown dwellers and sixty per cent of the non-Chinatown dwellers prefer to be cared for by others when they are in pain. Among the SG sixty two per cent of the Chinatown dwellers and seventy one per cent of the non-Chinatown dwellers prefer to be left alone; only thirty four per cent of the Chinatown dwellers and twenty one per cent of the non-Chinatown dwellers prefer to be cared for by others when they are in pain. This reveals that those members of the FG who live in Chinatown tend to prefer to be left alone as compared to those members of the FG who do not live in Chinatown. Among the SG, those who live outside of Chinatown tend to prefer to be left alone as compared with those who live in Chinatown. This is the same pattern of distribution as that seen in the question on whether pain is necessary or not. Such association between the place of residence and preference for being left alone or cared for by others seems to indicate the fact in general that those members of the SG who live outside of Chinatown are more Americanized and tend to be more self-reliant than those members who live in Chinatown.

TABLE 47

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "WHEN YOU ARE IN PAIN, DO YOU PREFER TO BE LEFT ALONE OR TO BE CARED FOR BY OTHERS?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Alone	11	44	8	32	16	62	17	71
Cared for by others	14	56	15	60	9	34	5	21
Uncertain	0	0	2	8	1	4	2	8
Total	25	100%	25	100%	26	100%	24	100%

The number of visits by the doctor were considered sufficient by most members of the SG to take care of the kind of discomfort they were experiencing, but were considered insufficient by many of the FG. Among the FG, eighty per cent of the Chinatown dwellers and sixty four per cent of the non-Chinatown dwellers considered that the number of visits by their doctor were enough to take care of the kind of discomfort they were experiencing, but sixteen per cent of the Chinatown dwellers and thirty two per cent of the non-Chinatown dwellers felt that their doctor did not visit them often enough to take care of the kind of discomfort they were experiencing. Among the SG, eighty eight per cent of the Chinatown

dwellers and ninety two per cent of the non-Chinatown dwellers considered the number of visits were enough but twelve per cent of the Chinatown dwellers felt that their doctor did not visit them often enough to take care of their discomfort. (See TABLE 48)

Again this shows that a large percentage of the Chinatown residents of the FG tend to be satisfied with the number of their doctor's visits than the non-Chinatown residents. But among the SG more of the non-Chinatown residents than Chinatown residents considered that the visits were sufficient. However, the differences in this regard between the Chinatown residents and non-Chinatown residents are not as significant as the differences between the two generations.

TABLE 48

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "WERE THE NUMBER OF VISITS BY YOUR DOCTOR IN YOUR OPINION ENOUGH TO TAKE CARE OF THE KIND OF PAIN OR DISCOMFORT YOU WERE EXPERIENCING?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	20	80	16	64	23	88	22	92
No	4	16	8	32	3	12	2	8
Uncertain	1	4	1	4	0	0	0	0
Total	25	100%	25	100%	26	100%	24	100%

While a majority among both the FG and the SG admitted they had not read any magazine columns or articles on health and medicine during the month prior to their interview almost half (44%) of the SG and sixteen per cent of the FG had done so. Among the FG, twenty per cent of the Chinatown dwellers and twelve per cent of the non-Chinatown dwellers (See TABLE 49) had read magazine columns or articles on health during the month prior to the interview, but eighty per cent of the Chinatown residents and eighty four per cent of the non-Chinatown residents had not read any.

TABLE 49

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "HAVE YOU READ ANY MAGAZINE COLUMNS OR ARTICLES ABOUT HEALTH AND MEDICINE IN THE LAST MONTH?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	5	20	3	12	8	31	14	58
No	20	80	21	84	18	69	9	38
Uncertain	0	0	1	4	0	0	1	4
Total	25	100%	25	100%	26	100%	24	100%

Among the SG, thirty one per cent of the Chinatown residents and fifty eight per cent of the non-Chinatown residents had read magazine columns or articles about health and medicine during the past month, but sixty nine per cent of the Chinatown residents and thirty eight per cent of the non-Chinatown residents had not read any.

From this distribution, it appears that Chinatown residents of the FG have a higher tendency to read magazine columns about health and medicine than those who live outside of Chinatown. However, among the SG, more of those who live outside of Chinatown tend to read such articles than those of the SG who live in Chinatown.

It has been shown that more members of the FG depend upon herbs when they are sick than those of the SG. Among the FG, seventy two per cent of the Chinatown residents (See TABLE 50) and sixty four per cent of the non-Chinatown residents admitted that they would depend upon herbs or animal parts when they were sick, but only twenty per cent of the Chinatown residents and thirty two per cent of the non-Chinatown residents said that they would not depend upon them. Among the SG, only twelve per cent of the Chinatown residents and twenty five per cent of the non-Chinatown residents claimed that they would depend upon herbs or animal parts when they were sick, but eighty per cent of the Chinatown residents and seventy five per cent of the non-Chinatown residents said that they did not depend upon them.

TABLE 50

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "DO YOU DEPEND UPON HERBS OR ANIMAL PARTS WHEN YOU ARE SICK?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Yes	18	72	16	64	3	12	6	25
No	5	20	8	32	21	80	18	75
Uncertain	2	8	1	4	2	8	0	0
Total	25	100%	25	100%	26	100%	24	100%

There are two distinctive patterns which can be distinguished in this distribution between the two generations. Among the FG, those who live in Chinatown tend to have a higher tendency to use herbs or animal parts when they are sick than those who live outside of Chinatown. Among the SG, those who live in Chinatown tend not to use herbs while those who live outside of Chinatown have more of a tendency to use herbs when they are sick. This reverse pattern of the SG seems to indicate the fact that despite considerable assimilation into American culture its members still retain some ties to their old traditional culture.

With regard to preference for municipal or private hospital, the second generation has a greater tendency to prefer to be hospitalized in a private hospital as compared with the first generation. But among the FG, eighty eight per cent of the non-Chinatown residents as compared with sixty eight per cent of the Chinatown residents preferred to be hospitalized in a privately run hospital, but twelve per cent of the Chinatown residents as compared with four per cent of the non-Chinatown residents preferred municipal hospitals and twenty per cent of Chinatown residents had no preference. Among the SG, those who live outside of Chinatown have a strong preference to be hospitalized in a private hospital as compared with the Chinatown residents. The Chinatown residents did on the whole prefer private hospitals, but twelve per cent of them claimed they had no preference. (See TABLE 51)

TABLE 51

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS WHO LIVE IN CHINATOWN OR OUTSIDE OF CHINATOWN IN THE CHICAGO AREA TO THE QUESTION "IN WHAT KIND OF HOSPITAL WOULD YOU PREFER TO BE HOSPITALIZED?"

Answers	First Generation				Second Generation			
	Chinatown		Non-Chinatown		Chinatown		Non-Chinatown	
	Number	%	Number	%	Number	%	Number	%
Private	17	68	22	88	23	88	23	96
Municipal	3	12	1	4	0	0	1	4
No preference	5	20	2	8	3	12	0	0
Total	25	100%	25	100%	26	100%	24	100%

Summary

When the data obtained from the eight questions which showed significant differences between the first and second generations were cross-classified according to the education and place of residence of the respondents a pattern emerged.

The educational factor seemed a fairly constant influence on the two generations. Members of both groups who had received less than a high school education were more ready to believe that having pain was not necessary, said they call for relief when in pain consider it natural to complain of pain a great deal to their family, when sick wish to be cared for by others, and they had not recently read any magazine articles on health. While members of both generations who have at least a high school education were more apt to consider pain necessary, less apt to call for relief, felt it less natural to complain to their family, when sick prefer to be left alone, and had read articles on health during the past month. Again on the questions concerning doctor's visits and preference for government or privately run hospitals those with less education tended to answer one way, those with more the other. The higher educated felt the visits of the doctor were sufficient and were more apt to prefer a privately run hospital while those with less education were less satisfied with the frequency of their doctor's visits and were more apt to have no preference for either type of hospital. However, the question as to whether the individual depends on herbs or animal parts when sick did not

follow the general trend so far discernable. Here, the more educated of the FG were less apt to rely on herbs than those with less education, but among the second generation those with less than high school education did not depend on herbs, while some of those who had high school education or beyond did claim they used them. This tendency appears to show that even though the members of the SG have greater contact with the American culture than those of the FG, and are influenced by it, they have internalized their old traditional culture as well, especially those with at least high school education.

The pattern developed by the answers associated with the place of residence of the two generations seems rather diversified. Among the FG, those who live outside of Chinatown tend to consider that having pain is not necessary, and when they are in pain they call for relief; they prefer to be cared for by others; they have not read any magazine articles during the month prior to the interview; and they prefer to be hospitalized in a privately run hospital. However, those who live in Chinatown are more apt to think that it is natural to complain of their pain a great deal to their family; tend to consider that the number of visits by their doctor were enough to take care of the kind of discomfort they were experiencing; and also have read magazine columns during the month prior to the interview; tend to depend upon herbs when they are sick.

Among the SG, those who live in Chinatown tend to consider

that having pain is not necessary, but it is not natural to complain a great deal to their family; and those who live outside of Chinatown tend to consider that having pain is necessary; when they have pain they would call for relief but they prefer to be left alone; they considered that the number of doctors' visits were enough to take care of the kind of discomfort they were experiencing, there is a higher percentage of them who read magazine columns about health and medicine in the month previous to the interview as compared with the Chinatown residents. These non-Chinatown residents also tend to depend upon herbs or animal parts when they are sick, and generally they prefer to be hospitalized in a privately run hospital. According to this pattern, the members of the SG who live outside of Chinatown seem to be more Americanized by the mass milieu yet to some degree at the same time they seem to be more internalized with their traditional culture as compared with those members who live in Chinatown. On the other hand, the members of the FG who live in Chinatown seem to have adopted to some degree the American-Chinese way of life, since they live in an environment which contains elements of their own culture but at the same time has been somewhat influenced by the larger society surrounding it. Those members of the FG who live outside of Chinatown are the least influenced by American mass milieu and tend to be in a state of "Ghetto mind".

CHAPTER VI

A COMPARATIVE ANALYSIS OF DIFFERENCES IN ATTITUDE AND OPINIONS RELATED TO THE AREA OF MEDICINE AND HEALTH BETWEEN FIRST GENERATION OF CHINESE-AMERICANS AND SECOND GENERATION OF CHINESE-AMERICANS IN THE CHICAGO AREA

This chapter is a report on the findings from the rest of the questions dispersed in the structured interview schedule of this study. The structured interview schedule contained eighty one questions (actual data tabulated were based on questions 2-81 the first one was for name which is confidential to the researcher only.) Most questions have already been analyzed in the previous chapters, however there are twenty seven questions left. These questions do not have direct relevance to the subject matter of this thesis; however, they can be used in a 'support role' for this study. They have been arranged in three main sections which include the respondents' attitude toward suffering and concern with pain, their attitude toward medicine and health in general, their concern with their children in the cultural transmission of attitudes toward pain.

(1) Concern with Suffering and Pain

The data on this area are based on four questions. Two questions were concerned with suffering. They are questions 61. Do you show your sufferings by groaning, moaning and crying? 62. Is it natural to show pain by groaning, moaning or crying in front of a doctor or nurse? The other two questions concerned

with pain are 59. Which do you think concerns you most when you have pain? to be answered in terms of the physical pain experience itself, and the significance of pain in relation to their health welfare and the welfare of the family, and 70. When in pain which causes you more discomfort? to be answered in terms of physical effects of pain experience, and worry or anxiety.

The results showed that there were no significant differences in the reaction toward suffering and pain between the first generation and the second generation. Over half of the members of both generations would not show their sufferings by groaning, moaning and crying. Almost half of the members of the FG thought it was natural to do so in front of a doctor or nurse, but over half of the SG considered it was not natural. (See TABLE 52) This difference has no significance.

TABLE 52

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "IS IT NATURAL TO SHOW PAIN BY MOANING, GROANING OR CRYING IN FRONT OF A DOCTOR OR NURSE?"

Answers	First Generation N=50	Second Generation N=50
Yes	24	16
No	20	30
Uncertain	6	4
Total	50	50
$X^2 = 4$		$P > .05$

Half of the FG and more than half of the SG (See TABLE 53) claimed that physical effects of pain experience would cause them more discomfort than worry or anxiety.

TABLE 53

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHEN IN PAIN WHICH CAUSES YOU MORE DISCOMFORT?"

Answers	First Generation N=50	Second Generation N=50
Physical effects of pain experience	25	27
Worry or anxiety	21	16
Uncertain	4	7
Total	50	50
$X^2 = 1.57$		$P > .05$

More than half of both generations thought that they would be most concerned with the significance of pain in relation to their health welfare and the welfare of the family. (See TABLE 54)

TABLE 54

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHICH DO YOU THINK CONCERNS YOU MOST, WHEN YOU HAVE PAIN?"

Answers	First Generation N=50	Second Generation N=50
The physical pain experience itself	15	20
Significance of pain in relation to your health welfare and the welfare of the family	28	26
Uncertain	7	4
Total	50	50
$X^2 = 1.61$		$P > .05$

(2) Opinion on and Attitude toward Medicine and Health in General

The data obtained in this section are based on seventeen questions (questions 27, 30, 37-47, 53, 56, 79-80).[50] The results from these questions will be analyzed and reported on the basis of whether there is any statistical significance or not.

[50] See Appendix for questions.

Although the majority of both the generations carry health insurance, there is significant difference in meeting the medical costs involved. A higher percentage of the FG expect to pay the medical costs from their personal income as compared to the SG who rely more heavily on insurance. (See TABLE 55)

TABLE 55

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "SHOULD YOU BECOME ILL, HOW WOULD YOU MEET THE MEDICAL COSTS INVOLVED?"

Answers	First Generation N=50	Second Generation N=50
We pay them	16	5
Covered by health insurance	2	9
Pay the balance from the insurance	32	36
Total	50	50
$X^2 = 10.44$		$P < .05$

When choide of a doctor in general was made, most members of both generations were influenced by a family friend or had no choice. (See TABLE 56)

TABLE 56

DISTRIBUTION OF REASONS GIVEN BY CHINESE-AMERICANS OF THE FIRST AND SECOND GENERATIONS IN THE CHICAGO AREA FOR THEIR CHOICE OF DOCTOR

Answers	First Generation N=50	Second Generation N=50
He is my family doctor	7	10
He was recommended by friend or relative	16	16
He was recommended by religious congregation	1	0
He is a specialist	9	8
He was a staff doctor	17	16
Total	50	50

Ordinarily, when a patient goes into a hospital, he must be recommended by a doctor first unless he is an emergency case. Among the sample of this study, eighteen of the FG and sixteen of the SG reported that their doctors were recommended by the hospital in which they were hospitalized. However, twenty of the SG said they chose a specialist other than a family doctor prior to hospitalization as compared to twelve of the FG. (See TABLE 57)

TABLE 57

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "PRIOR TO HOSPITALIZATION HOW DID YOU CHOOSE YOUR DOCTOR?"

Answers	First Generation N=50	Second Generation N=50
Family doctor	10	10
Specialist other than family doctor	12	20
Specialist recommended by family doctor	10	4
Doctor recommended by hospital	18	16
Total	50	50

$X^2 = 4.676$ $P > .05$

Most members of both generations have never felt that a particular doctor who was treating them was using their body for teaching purposes. (Question 39)

Almost all the members of the two generations considered that as patients they should always quietly do whatever the physician says or directs them to do while they are under his care. (Question 37)

The image of a doctor held by the first and second generations was revealed through answering these four questions: Which do you expect a doctor to be? Professional man, dispenser of

protection and love, or both; do you think that a good physician should give the patient full information about his condition and explain it carefully? Do you feel that doctors are generally dedicated to their profession and have a sincere interest and desire to help people? Do you believe that doctors are careless in attitude and treatment toward the sick? Generally, even when your pain is relieved, do you tend to check the diagnosis and treatment of one doctor against the opinions of other specialists in the field?

It is interesting to note that the members of the first generation tend to expect a doctor to be dispenser of protection and love; and the members of the SG tend to expect a doctor to be a professional man as well as a dispenser of protection and love. (See TABLE 58)

TABLE 58

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHICH DO YOU EXPECT A DOCTOR TO BE?"

Answers	First Generation N=50	Second Generation N=50
Professional man	9	18
Dispenser of protection and love	22	2
Both	19	30
Total	50	50
$X^2 = 21.8$		$P < .05$

There are no significant differences between the two generations in responses to the rest of questions concerned with doctors. Both generations held more or less the same attitude toward doctors. With regard to whether a good physician should give the patient full information about his condition and explain it carefully or not, a majority of the members in both generations felt he should; they also felt that doctors are generally dedicated to their profession and have a sincere interest and desire to help people; and they also believed that some doctors were careless in attitude and treatment toward the sick; generally they did not tend to check the diagnosis and treatment of one doctor against the opinions of other specialists in the field.

Answers to the question on reasons which have ever kept them from seeing a doctor when perhaps they should have, do not show any statistically significant differences between the two generations. Only a minority of the members of both generations have been kept from seeing a doctor when perhaps they should have on account of these reasons. (See TABLE 59)

There are eight opinions given by these two generations on medical check-ups. The majority of members of both FG and SG considered that every person should have a medical check-up one or more times a year. (See TABLE 60)

TABLE 59

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHICH OF THOSE HAVE EVER KEPT YOU FROM SEEING A DOCTOR WHEN PERHAPS YOU SHOULD HAVE?"

Reasons	Answers	First Generation N=50	Second Generation N=50
a. You did not know any really good doctor.	Yes	9	10
	No	41	40
	Total	50	50
b. You did not want to spend the money on a doctor unless you had to.	Yes	18	11
	No	32	39
	Total	50	50
c. It might be painful; the doctor might hurt you.	Yes	3	6
	No	47	44
	Total	50	50
d. You were too busy to see a doctor.	Yes	22	16
	No	28	34
	Total	50	50

TABLE 59 (Continued)

Reasons	Answers	First Generation N=50	Second Generation N=50
e. The doctor might find something wrong with you.	Yes	2	4
	No	48	46
	Total	50	50
f. You did not think the doctor could help you any.	Yes	7	6
	No	43	44
	Total	50	50

TABLE 60

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "WHAT IS YOUR OPINION ON MEDICAL CHECK-UPS?"

Answers	First Generation N=50	Second Generation N=50
1. Every one should have it one or more times a year.	26	30
2. It makes me feel secure.	1	0
3. It is good.	19	12
4. One should have it especially when one gets old.	1	4

TABLE 60 (Continued)

Answers	First Generation N=50	Second Generation N=50
5. It is not very helpful.	1	0
6. Some check-ups are good, some are not. It depends on which doctor.	1	2
7. It depends on one's occupation.	1	0
8. It is necessary when something is really bothering you.	0	2
Total	50	50

Many members of the FG said that they had some difficulty in finding a doctor for consultation when they were ill, but members of the SG claimed that they did not have any difficulty. (See TABLE 61)

TABLE 61

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DID YOU HAVE ANY DIFFICULTY FINDING A DOCTOR FOR CONSULTATION WHEN YOU WERE ILL?"

Answers	First Generation N=50	Second Generation N=50
Yes	14	6
No	36	44
Total	50	50

$X^2 = 4$ $P < .05$

With regard to preference for an American or Chinese doctor, the members of the FG tend to prefer to consult Chinese doctors (See TABLE 62) and the members of the SG seem to have no specific preference. They felt they would be ready to consult any doctor whether American (Anglo) or Chinese, as long as he was a good doctor.

TABLE 62

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU PREFER TO CONSULT AMERICAN, CHINESE DOCTOR OR NO PREFERENCE?"

Answers	First Generation N=50	Second Generation N=50
American doctor	14	14
Chinese doctor	12	1
No preference	24	35
Total	50	50
$X^2=11.36$		$P < .05$

There are four questions concerned with patient-hospital relationships. The answers to the question "Do you dislike any of these in a hospital?" given by the two generations reveals that the majority of the two generations seem not to dislike the impersonal atmosphere in a hospital; however, the two generations differ on their answers to the question about separation from their family in a hospital. The members of the FG tend to dislike being separated from their family in a hospital, but the members of the SG tend not to mind it. (See TABLE 63)

TABLE 63

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "DO YOU DISLIKE SEPARATION FROM YOUR FAMILY IN A HOSPITAL?"

Answers	First Generation N=50	Second Generation N=50
Yes	36	21
No	14	29
Uncertain	0	0
Total	50	50
$X^2 = 9.81$	$P < .05$	

Over half of the members of both generations said that they would like to return to the hospital in which they were previously confined and to the same doctor.

More than half of the members of the SG did not make any suggestions for a possible improvement of the patient's comfort in a hospital. Quite a few of those who did make a suggestion felt there should be more nurses. Among the FG, twenty two did not make any suggestions. Nine suggested that the medical personnel should be more efficient in taking care of the patient. (See TABLE 64)

TABLE 64

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "ARE THERE ANY SUGGESTIONS THAT YOU WOULD CARE TO MAKE FOR A POSSIBLE IMPROVEMENT OF THE PATIENT'S COMFORT IN A HOSPITAL?"

Suggestions	First Generation N=50	Second Generation N=50
1. No suggestions.	22	32
2. More nurses.	8	9
3. There should be air-conditioning in the summer.	1	0
4. The sanitary system should be improved for the patient's comfort.	1	2
5. There should be efficient personnel.	9	1
6. There should be some Chinese staff.	1	0
7. Better food.	2	0
8. They should not draw too much blood from the patient.	1	0
9. The hospital routine should consider the individual patient's comfort and convenience.	4	3

TABLE 64 (Continued)

Suggestions	First Generation N=50	Second Generation N=50
10. Noisy patients should be kept in a special ward.	1	0
11. Rooms should not be too crowded.	0	1
12. Should provide more reading material.	0	1
13. The emergency service system should be more efficient.	0	1
Total	50	50

Finally, in answer to the question who is a good hospital patient, the majority of the members of the FG said that a good hospital patient should have confidence in his doctor and obey the doctor's and nurse's order. Among the SG, nineteen felt that a good hospital patient should obey his doctor and the nurse's order. (See TABLE 65).

This appears to show that the members of the SG are more self-reliant than the members of the FG, since they feel that a good hospital patient should obey hospital rules and keep quiet, and does not complain and demand too much.

TABLE 65

DISTRIBUTION OF OPINION ON A GOOD HOSPITAL PATIENT GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA

	First Generation N=50	Second Generation N=50
1. No opinion.	1	0
2. One should obey the hospital rule and keep quiet.	10	13
3. One should obey the doctor's and nurse's order and have confidence.	26	19
4. One should be cheerful and friendly.	3	0
5. One should take care of oneself in order to get well quickly.	2	1
6. One should try to do as much as one can for oneself and not exaggerate one's ailment.	1	3
7. One should not complain too much and demand too much.	3	9
8. One should take one's medicine on time.	2	1
9. One should respect privacy and consider others.	2	3
10. One should know what kind of medicine one is taking and make sure that one is receiving the prescribed medication.	0	1
	50	50

(3) Cultural Transmission of Attitudes Toward Pain

The data on this subject are based on six questions dealing with parent-child relationship in terms of attitude toward pain. From these questions, an attempt has been made to discover whether there is any difference in cultural transmission of attitude toward pain between the parents of the two generations to their children. Mark Zborowski concluded that

> "Each culture offers to its members an ideal pattern of attitudes and reactions, which may differ for various sub-cultures in a given society, and each individual is expected to conform to this ideal pattern. Here, the role of the family environment affects the individual's ultimate response to pain. In each culture the parents teach the child how to react to pain, and by approval or disapproval they promote specific forms of behavior."[51]

Among the sample of this study, one member of the FG and four of the SG are single, and consequently they did not answer these questions. The majority of the members of both generations admitted that they would expect their children to be hurt in sports and games and would show attitudes of worry and concern when they were injured. When asked whether they would console their children by giving any verbal expression of emotion such as "Poor child", or not, more members of the FG admitted they would console their children by giving some verbal expression of emotion when they were injured. (See TABLE 66)

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[51] Zborowski, Op. cit., pp.266-267

However, there are no statistically significant differences in answers to the questions "In the same case, do you stimulate their ability to resist pain, telling them to act grown-up?" and Do you expect your children to come to you crying and complaining of pain?" Most of the parents of both generations said that they would expect their children to tell them where the pain was and probably the children would cry.

TABLE 66

DISTRIBUTION OF ANSWERS GIVEN BY FIRST AND SECOND GENERATIONS OF CHINESE-AMERICANS IN THE CHICAGO AREA TO THE QUESTION "SHOULD THIS OCCUR, WOULD YOU CONSOLE THEM BY GIVING ANY VERBAL EXPRESSION OF EMOTION, SUCH AS 'POOR CHILD'?"

Answers	First Generation N=49	Second Generation N=46
Yes	32	19
No	17	26
Uncertain	0	1
Total	49	46
$X^2 = 5.48$		$P < .05$

Summary

To summarize the comparative analysis of differences in attitudes and opinions on medicine and health in general between the first and second generations of Chinese-Americans, the members of the FG seem to be more emotional and dependent on their family than members of the SG. This becomes clear through the significant differences in attitude toward medicine and health in general between the two groups.

Over half of the members of both generations would not show their sufferings by groaning, moaning and crying. There is no significant difference between the two generations in terms of whether or not they feel it is natural to show suffering in front of a doctor or nurse. Both groups tended to consider that physical effects of pain experience would cause them more discomfort than worry or anxiety but they would be most concerned with the significance of pain in relation to their health welfare and the welfare of the family.

More members of the FG than of the SG claimed that they do not carry a complete health insurance coverage. When choice of a doctor in general was made, most members of both generations were influenced by a family friend or had no choice. Most members of both groups have never felt that a particular doctor who was treating them was using their body for teaching purposes. Almost all the members of the two generations considered that as patients

they should always quietly do whatever the physician says or directs them to do while they are under his care. Members of the FG have a tendency to expect a doctor to be a dispenser of protection and love, while on the other hand members of the SG tend to feel a doctor ought to be both a professional man and a dispenser of protection and love. With regard to whether a good physician should give the patient full information about his condition and explainiit carefully or not, a majority of the members in both generations felt he should; they also felt that doctors are generally dedicated to their profession and have a sincere interest and desire to help people; and they also believe that some doctors were careless in attitude and treatment toward the sick; generally they did not tend to check the diagnosis and treatment of one doctor against the opinions of other specialists in the field. Only a minority of the members of both generations have been kept from seeing a doctor when perhaps they should have on account of certain reasons. (Question 53) The majority of members of both FG and SG considered that every person should have a medical check-up one or more times a year. Many members of the FG said that they had some difficulty in finding a doctor for consultation when they were ill, but the members of the SG claimed that they did not have any difficulty.

The members of the FG tend to prefer to consult a Chinese doctor, and they also dislike separation from their family while

in a hospital as compared with members of the SG who seem to be ready to consult any doctor whether American (Anglo) or Chinese, as long as he is a good doctor, and who do not mind separation from their family while in a hospital, however, most members of the two groups seem not to dislike the impersonal atmosphere in a hospital. Most members of both generations said that they would like to return to the hospital in which they were previously confined and to the same doctor.

Among those who made any suggestions for a possible improvement of the patient's comfort in a hospital quite a few members of the SG felt there should be more nurses, and several members of the FG suggested that the medical personnel should be more efficient in taking care of the patient. Considering a good hospital patient, most members of the FG said that a good hospital patient should have confidence in his doctor and obey the doctor's and nurse's order; and quite a few members of the SG felt that he should obey his doctor's and the nurse's order, and obey the hospital rule and keep quiet.

Both groups admitted that they would expect their children to be hurt in sports and games and would show attitudes of worry and concern when they were injured. Members of the FG tend to console their children by giving some verbal expression of

emotion when they were injured as compared with members of the SG. There were no significant differences in terms of whether or not they would stimulate their ability to resist pain, telling them to act grown-up, and, whether they would expect their children to come to them crying and complaining of pain. Most of the parents of both generations would expect their children to tell them where the pain was and thought probably the children would cry.

CHAPTER VII

SUMMARY AND CONCLUSION

This chapter will reiterate the purpose and subject matter of this study. A summary of the findings in terms of this subject matter will be given. Then the conclusion will be set forth based on the data analyzed and presented in terms of how it agrees with the original hypothesis.

The subject matter of this thesis is medical care and modern medicine. The purpose is to investigate the differences of attitude toward medical care and modern medicine between the first and second generations of Chinese-Americans in the Chicago area.

Empirical Questions

There are two empirical questions studied:

1. Are there significant differences in attitudes toward medical care between Chinese-Americans of the first generation and Chinese-Americans of the second generation in the Chicago area?

2. Are there significant differences in attitudes between these two groups regarding the acceptance of modern advances in medicine?

Hypotheses of the Present Study

The major hypothesis which has been tested in this thesis in terms of these two empirical questions is

> The greater the involvement of the Chinese-Americans in American culture, the greater the utilization of medical care and the stronger the tendency to accept modern advances in medicine.

On the basis of this hypothesis the differences in attitudes between these two generations can be stated as follows:

1. The first generation of Chinese-Americans will avail themselves of medical care less frequently than will the second generation of Chinese-Americans in the Chicago area.

2. The first generation of Chinese-Americans will accept modern advances in medicine less readily than will the second generation of Chinese-Americans residing in the Chicago area.

An additional attempt has been made to see whether or not the differences between the two generations in attitude toward medical care and modern medicine are associated with education or place of residence.

The data of this present study were collected through use of the structured interview schedule. This structured interview schedule includes questions concerning personal background, health background, attitude toward medical care, and acceptance of advance in modern medicine. A sample of one hundred respondents was interviewed. The first interview was completed on December 2, 1966, and the last on May 13,1967. Most of the interviews were performed at the respondents' home with an appointment made by telephone. The interviews were conducted in English and Chinese (either the Mandarin or Cantonese dialect). The average length of each of the interviews was about one hour; however, interviews conducted in Chinese dialects were longer than the ones conducted in English.

The Findings

In this study, the average age of the first generation was greater than that of the second generation. The majority of the members of the two generations were married. On the whole, the family size of the first generation was larger than that of the second generation. In the first generation twenty five lived outside of Chinatown, and twenty five lived in Chinatown. In the second generation, twenty six lived in Chinatown and twenty four lived outside of Chinatown. The majority of the first generation has been in America since 1940. The educational attainment of the second generation was higher than that of the first generation. The occupational distribution of the two groups was quite evenly divided; however, the annual family income of the second generation was higher than that of the first generation.

The chi-square distribution with a .05 level of significance was used in the analysis of the data concerning attitudes toward medical care.

The findings in Chapter III are concerned with the empirical question "Are there significant differences in attitude toward medical care between Chinese-Americans of the first generation and Chinese-Americans of the second generation in the Chicago area?" The hypothesis related to this question is that the first generation of Chinese-Americans will avail themselves of medical care less frequently than will the second generation Chinese-Americans in the Chicago area. The attitude toward medical care

of the two generations has revealed the following tendency:

1. The members of the FG tend to think that having pain is not necessary and tend to call for relief; most members of the SG consider that having pain is necessary because pain frequently indicates something is wrong with one's body and because sometimes pain is unavoidable under certain medical treatment.

2. Most members of the FG considered that it is natural to complain a great deal about one's pain to their family and they also preferred to be cared for by others, but the members of the SG were the opposite.

3. The members of the FG said that they were not quite satisfied with the number of visits made by their doctor while they were hospitalized, while members of the SG tended to be satisfied with his visits.

4. A lower percentage of the FG had read magazine columns and articles about health and medicine during the month prior to the interview than the SG.

However, there is no evidence of any statistically significant difference between the two generations in terms of attitude toward medical care on such criteria as response to symptoms of illness, preference for family doctor or specialist, use of regular medical check-ups, dependence on home therapy and concern with articles in newspapers about health and medicine. This might be due to the fact that this is a limited study and used only those from the total population who had been previously hospitalized.

The findings in Chapter IV are concerned with the empirical question "Are there significant differences in attitude between these two groups regarding the acceptance of modern advances in medicine?" The hypothesis related to this question is that the first generation of Chinese-Americans will accept modern advances in medicine less readily than will the second generation of Chinese-Americans residing in the Chicago area.

There are significant differences between the two generations found in terms of using herbs or animal parts and preference for attending a certain kind of hospital.

1. The first generation seems to have a higher tendency to depend upon herbs and animal parts for their sickness than the second generation.

2. The second generation tend to be more in favor of private medical facilities as opposed to government-controlled facilities.

There are no significant differences in attitude toward modern medical instruments in the doctor's office or in the hospital and both generations have purchased insurance through group policy at low cost.

In Chapter V the differences between the first and second generations were cross classified by education and place of residence. The educational factor seemed to be a fairly constant influence on the two generations. However, the question as to whether the individual depends on herbs or animal parts when sick does not follow the general trend. It showed the more highly

educated of the FG were less apt to rely on herbs than those with less education; but among the SG, those with less than high school education did not depend on herbs, while some of those who had high school education or beyond did claim they used them. This tendency appears to show that even though the members of the SG have greater contact with the American culture than those of the FG, and are influenced by it, they have internalized their traditional culture as well, especially those with at least high school education.

To some degree, the place of residence seems to affect how readily the individuals of both generations become involved in American society. For example, the members of the SG who live outside of Chinatown seem to be Americanized most likely by the mass mileiu; yet, at the same time they seem to have internalized their traditional culture to a greater degree than those members of the SG who live in Chinatown.

Findings in Chapter VI are concerned with differences in attitude and opinion related to the area of medicine and health between first and second generations of Chinese-Americans in the Chicago area. There are significant differences in attitude between the two generations in terms of health insurance coverage, image of a doctor, experience in finding a doctor, separation from the family while hospitalized, and cultural transmission of attitude toward pain.

These specific significant differences were found between the two generations in the following way:

1. More members of the FG than of the SG claimed that they paid the medical costs involved from their personal income than those of the SG who would rely more heavily on insurance.

2. Members of the FG have a tendency to expect a doctor to be a dispenser of protection and love, while on the other hand members of the SG tend to feel a doctor ought to be both professional and a dispenser of protection and love.

3. The FG said that it was difficult for them to find a doctor for consultation when they were ill but the SG did not have difficulty.

4. The members of the FG tended to prefer to consult a Chinese doctor, but the members of the SG seemed to be ready to consult any doctor, whether American (Anglo) or Chinese, as long as he was a good doctor.

5. The members of the FG disliked separation from their family while in a hospital as compared with members of the SG who seemed not to mind it.

6. The FG parents were more apt to console their children when they get hurt in sports and games than the SG parents.

7. Most members of the FG thought that a good hospital patient should obey the doctor's and nurse's order and have confidence, while members of the SG thought a good hospital patient should either obey the hospital rule and keep quiet or not complain too much and demand too much.

Both generations tended to think that the significance of pain in relation to their health welfare and the welfare of the family would concern them most and to feel that physical effects of pain experience would cause them more discomfort when they were in pain.

When they answered the questions related to doctors, members of both groups said they thought that a good physician should give the patient full information about his condition and should explain it carefully; they felt that doctors were generally dedicated to their profession and had a sincere interest and desire to help people, and they believed that some doctors were careless in attitude and treatment toward the sick. Generally, when their pain was relieved, most of them did not check the diagnosis and treatment of one doctor against the opinions of other specialists in the field.

When their children were injured as a result of play, most members of both groups would show an attitude of worry or concern. There is no significant difference between the two groups in terms of stimulating their ability to resist pain and expecting them to cry and complain of pain.

Hypotheses Confirmed or Rejected and Relevance to Theory

The total data collected from this structured interview schedule have included eighty five items. These items are divided into four general sections. The items in the first section include the respondents' personal background, such as age, sex,

status, education, occupation, income, etc.. There are twenty three items in total. The items in the second section attempt to investigate the differences in attitude toward medical care between the two generations. It consists of twenty six items. However, only six items have shown a significantly different attitude toward certain aspects of medical care, and twenty items did' not reveal significant differences in attitude toward medical care. The items in the third section deal with attitude toward modern advances in medicine in the first and second generation. It consists of seven items. Only two items indicate that there are significant differences in attitude toward modern advances in medicine between the two generations but five items do not. There are twenty nine items in the fourth section which deal with their attitude toward and opinions on medical care in general. Only seven items have revealed significant differences in opinions on and attitude toward medical care in general, but twenty two items do not. From the results shown above, there are only fifteen items out of the total study which carry evidence to show that there is any significant difference in attitude toward medical care and modern advances in medicine between the two generations. There are no significant differences between the two generations in attitude toward the remaining items. As a whole, the results obtained from this research seem to indicate few significant differences in attitude toward medical care and modern advances in medicine between the two generations. Therefore, the results of this research do not give full support to the major hypothe-

sis of this study but it does not seem to be totally rejected. It must be kept in mind that this structured interviewed schedule has been constructed for a group study. It is a limited instrument for this particular study.

There are four other reasons which might also cause the surprising similarity between the two generations in terms of their attitude toward medical care and modern advances in medicine. One of the reasons might be due to the nature of the sample chosen for this study. This sample consists of a group of Chinese-American individuals in the Chicago area who have had hospital experience for either minor or major medical ailments. They have been made aware of and comprehend the value of health. A second possible cause might be the difference in age between the two generations. The average age of the FG is greater than the SG. This difference in age might prompt the members of the FG to be more alert to their health condition. The third cause, which would balance the age difference between the SG from the FG is education. In general, the educational attainment among the SG is higher than the FG. The fourth cause might be due to the length of residence in America by the members of the FG. Most members of the FG have been in America more than twenty five years. During this period, they probably become gradually assimilated to the American way of life. If these factors which perhaps made the difference between the two generations less than they might otherwise have been, could be controlled, the hypothesis of this study

might be confirmed - at any rate, with these factors in mind it would be unfair to deny the possibility of its validity. Certainly the significant differences which were evident did show that the greater the involvement of the Chinese-Americans in American culture, the greater the utilization of medical care and the stronger the tendency to accept modern advances in medicine.

Implication for Future Research

This study has been rather limited in terms of the structured interview schedule especially (since this interview schedule was was an instrument for the study of pain and medical care among Chinese-Americans, Japanese-Americans, and Mexican-Americans) and the size and nature of the sample studied. A study might be done in the same area of health and medicine with a larger sample which includes people without hospital experience. Such a study could also be cross classified to show the differences in attitude between women and men. A study which considers the effect of place of residence on Chinese immigrants and their descendents both in terms of assimilation into American culture and the internalization of their traditional culture could also be made. With regard to cultural transmission of attitude in general, a study could also be done among a group of mothers to see how the way the two generations transmit culture to their offspring differs.

Conclusion

Although the results of this research do not give full support to the hypothesis of this study, some of them seem to indicate a few significant differences in attitude toward medical care and modern advances in medicine between the two generations. If one keeps the premises mentioned above in mind, it is possible to see through the significant differences in this study that the members of the first generation seem to be more emotional and dependent on their family than the members of the second generation; and the second generation seem to be more involved in the American culture than the first generation.

Most of the SG consider that having pain is necessary because they think that pain frequently indicates something is wrong with one's body and sometimes pain is unavoidable under certain medical treatment. They do not think that it is natural to complain a great deal about one's pain to one's family, and they prefer to be left alone when they are in pain. They tend to call for relief less than the FG when they have pain. They tended to be more satisfied with the number of visits made by their doctor than the FG. They tend to be more in favor of private medical facilities as opposed to government-controlled medical facilities. They tend to rely more heavily on insurance for the medical costs involved than the FG. They also feel a doctor ought to be both professional and a dispenser of protection and love; and they are willing to consult any doctor as long as he is

a good doctor. They do not mind separation from their family while in a hospital. Concerning the ideal hospital patient, they think one should either obey the hospital rule and keep quiet or not complain too much and demand too much. A higher percentage of them had read magazine columns and articles about health and medicine during the month prior to the interview than the FG. They said that they did not have difficulty in finding a doctor when they got sick while some members of the FG did have difficulty. They are not apt to console their children by giving some verbal expression of concern and affection when they get hurt in sports and games while members of the FG are rather apt to do so. Generally, they do not depend upon herbs or animal parts for their sickness as much as members of the first generation. However, there is some indication that members of the SG with at least high school education and those who live outside of Chinatown tend to depend upon herbs and animal parts for their sickness These people seem to retain their traditional culture to some degree, while at the same time they are more removed from the influence of their own traditional culture and they have a greater contact with the American culture than the members of the first generation.

APPENDIX

STRUCTURED INTERVIEW SCHEDULE

1. Name _____

2. Address _____

3. Marital status

   1. Married _____
   2. Widowed _____
   3. Divorced _____
   4. Separated _____

4. Sex

   1. Male _____
   2. Female _____

5. Age

   1. 20 - 24 _____
   2. 25 - 29 _____
   3. 30 - 34 _____
   4. 35 - 39 _____
   5. 40 - 44 _____
   6. 45 - 49 _____
   7. Over 50 _____

6. Number of children

   1. None _____
   2. One _____
   3. Two _____
   4. Three _____
   5. Four or more _____

7. What is your occupation?

   1. Professional _____
   2. Manager, official, proprietor _____
   3. Semi-professional and technical _____
   4. Clerical _____
   5. Other (please specify) _____

8. What is your educational attainment?

1. Some elementary
2. Completed elementary
3. Some high school
4. Completed high school
5. Some college
6. Completed college
7. Some graduate or professional
8. M.A.
9. Ph. D.
10. M.D. or D.D.S.
11. Other (please specify)

9. If you attended high school, what course did you follow?

1. Academic course
2. Technical course
3. Business course
4. Other (please specify)

10. If you attended college, what was your major?

1. _____
2. _____

11. What is your religion

1. Buddhist
2. Shintoist
3. Protestant
4. Catholic
5. Other (please specify)

12. What is your family's annual income?

1. Less than $1,999
2. $2,000 - $4,999
3. $5,000 -$7,999
4. $8,000 - $9,999
5. $10,000 - $14,999
6. More than $15,000

13. What is your place of birth?

Country _____

14. What is your father's nationality?

1. Japanese - Japanese
2. Mexican - Mexican
3. Japanese - Non-Japanese
4. Mexican - Non-Mexican

Please specify the nationality other than Japanese and/or Mexican

1. _____
2. _____

15. What is your mother's nationality?

1. Japanese - Japanese
2. Mexican - Mexican
3. Japanese - Non-Japanese
4. Mexican - Non-Mexican

Please specify the nationality other than Japanese and/or Mexican

1. _____
2. _____

16. What is your father's place of birth?

Country _____

17. How long has your father lived in this country?

1. 0 - 9
2. 10 - 19
3. 20 - 29
4. 30 - 39
5. 40 or more

18. Has your father become an American citizen?

1. Yes _____ 2. No _____

19. If your father works (worked) what is (was) his occupation?

1. _____
2. _____
3. _____
4. _____

20. How far did your father go in school?

1. Some elementary
2. Completed elementary
3. Some high school
4. Completed high school
5. Some college
6. Completed college
7. Some graduate or professional
8. M.A.
9. Ph.D.
10. M.D. or D.D.S.
11. Other (please specify) _____

21. What is your mother's place of birth?

Country _____

22. How long has your mother lived in this country?

1. 0-9
2. 10 - 19
3. 20 - 29
4. 30 - 39
5. 40 or more

23. Has your mother become an American citizen?

1. Yes _____ 2. No _____

24. How far did your mother go in school?

1. Some elementary
2. Completed elementary
3. Some high school
4. Completed high school
5. Some college
6. Completed college
7. Some graduate or professional
8. M.A.
9. Ph.D.
10. M.D. or D.D.S.
11. Other (please specify) _____

25. Do you have health insurance?

1. Yes _____ 2. No _____

25A. If yes, please specify.

1. Hospital insurance _____
2. Surgical insurance _____
3. Medical insurance _____
4. Hospital and surgical insurance _____
5. Other (please specify) _____

26. Has any health insurance you own been purchased through your company?

1. Yes _____ 2. No. _____

27. Should you become ill, how would you meet the medical costs involved? Please explain _____

_____

28. Are you in favor of socialized medicine?

1. Yes _____ 2. No _____
3. Uncertain _____
4. Please explain _____

_____

29. Do the instruments in the doctors office or in the hospital cause fear in you?

1. Yes _____ 2. No _____
3. Uncertain _____
Please explain _____

_____

30. Do you dislike any of these in a hospital?

a. Impersonal atmosphere
1. Yes _____ 2. No _____ 3. Uncertain _____
b. Separation from family
1. Yes _____ 2. No _____ 3. Uncertain _____

31. When were you last treated in the hospital?

Please specify date _____
Please specify your illness _____
How long were you in the hospital? _____
Please specify the name of the hospital _____

32. Were the number of visits by your doctor, in your opinion, enough to take care of the kind of pain or discomfort you were experiencing?

1. Yes _____ 2. No _____ 3. Uncertain _____
Please specify the number of visits of your doctor

_____
Please explain _____
_____

33. Did you have confidence in the doctor who treated you or did you harbor any doubts?

1. Confidence _____ 2. Doubt _____ 3. Uncertain _____
Please explain _____
_____

34. When the doctor visited you, did he give you the kind of satisfaction you wanted in terms of the nature of symptoms, prognosis and relief?

1. Symptoms Yes _____ No _____
2. Prognosis Yes _____ No _____
3. Relief Yes _____ No _____
Please explain _____
_____

35. Did you feel that the doctor took a personal interest in you?

1. Yes _____ 2. No. _____ 3. Uncertain _____
Please explain _____
_____

36. When you were in the hospital, did you direct the physician's attention to some aspect of your illness?

1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____
_____

37. Do you think that as a patient you should always quietly do whatever the physician says or directs you to do while you are under his care?

1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____
_____

38. Prior to hospitalization how did you choose your doctor?
1. Family doctor
2. Specialist other than family doctor _____
3. Specialist recommended by family doctor _____
4. Doctor recommended by hospital _____
5. No particular doctor _____
Please explain _____

38A. If yes, is he the doctor who treated you?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

38B. If yes, what was the reason of your choice?

39. Have you ever felt that a particular doctor who was treating you was using your body for teaching purposes?
1. Yes _____ 2. No _____ 3. Uncertain _____

39A. If yes, were you entirely satisfied with your treatment?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

39B. If yes, did you resent the secondary purpose?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

40. Should you become ill, would you like to return to the hospital you were previously confined and to the same doctor?
Hospital 1. Yes _____ 2. No _____
Doctor 1. Yes _____ 2. No _____
Please explain _____

41. Are there any suggestions that you would care to make for a possible improvement of the patient's comfort in a hospital?

42. Who is a good hospital patient?

43. Which do you expect a doctor to be?
1. Professional man _____
2. Dispenser of protection and love _____
3. Both _____
Please explain _____

44. Do you think a good physican should give the patient full information about his condition and explain it carefully?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

45. Do you feel that doctors are generally dedicated to their profession and have a sincere interest and desire to help people?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

46. Do you believe that any doctors are careless in attitude and treatment toward the sick?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

47. Generally, even when your pain is relieved, do you tend to check the diagnosis and treatment of one doctor against the opinions of other specialists in the field?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

48. In your opinion, is there any advantage in consulting a specialist rather than a general practitioner?
1. Yes _____ 2. No _____ 3. Uncertain _____

49. Would you prefer to have your family doctor (if you have one) examine you before contacting a specialist?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

50. If you have symtoms as follows,do you see a doctor immediately
a. Cough any time during the day or night which lasts for three weeks.
1. Yes _____ 2. No _____
b. Getting tired for weeks at a time for no special reason.
1. Yes _____ 2. No _____
c. Skin rask or breaking out onany part of the body.
1. Yes _____ 2. No _____

d. Diarrhea (loose bowel movements) for four or five days.
1. Yes _____ 2. No _____
e. Shortness of breath even after light work.
1. Yes _____ 2. No _____
f. Unexplained loss of over ten pounds in weight.
1. Yes _____ 2. No _____
g. Repeated pains in or near the heart.
1. Yes _____ 2. No _____
h. Sore throat or running nose with a fever as high as 100 F for a day or more.
1. Yes _____ 2. No _____

51. If you think that you can cure sickness or injury by home therapy, is it necessary to go to the doctor?
1. Yes _____ 2 No _____ 3. Uncertain _____
Please explain _____

52. Do you depend upon herbs or animal parts when you are sick?
1. Yes _____ No _____ 3. Uncertain _____
Please explain _____

53. People sometimes do not see a doctor with some reason when perhaps they should. Thinking back over your own experience, which of those reasons have ever kept you from seeing a doctor when perhaps you should have?
a. You did not know any really good doctor.
1. Yes _____ 2. No _____
b. You did not want to spend the money on a doctor unless you had to.
1. Yes _____ 2. No _____
c. It might be painful; the doctor might hurt you.
1. Yes _____ 2. No _____
d. You were too busy to see a doctor.
1. Yes _____ 2. No _____
e. The doctor might find something really wrong with you.
1. Yes _____ 2. No _____
f. You did not think the doctor could help you any.
1. Yes _____ 2. No _____

54. Do you read the health columns in newspapers, and newspaper articles about health?
1. Frequently _____ 2. Only occasionally _____
3. Hardly ever _____
Please explain _____

55. Have you read any magazine columns or articles about health and medicine in the last month?
1. Yes _____ 2. _____ 3. Uncertain _____

56. What is your opinion on medical check-ups?

_____

_____

57. Do you have a regular medical check-up?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

_____

58. When you have pain, do you call for relief?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

59. Which do you think concerns you most when you have pain?
1. The physical pain experience itself _____
2. Significance of pain in relation to your health welfare and the welfare of your family.
3. Uncertain _____

_____

60. Do you think that having pain is necessary?
1. Yes _____ 2. No _____ 3. Uncertain _____
Please explain _____

_____

61. Do you show your suffering by groaning, moaning and crying?
1. Yes _____ 2. No _____ 3. Uncertain _____

62. Is it natural to show pain by groaning, moaning or crying in front of a doctor or nurse?
1. Yes _____ 2. No _____ 3. Uncertain _____

63. Do you feel free to complain of your pain to a doctor or a nurse?
1. Yes _____ 2. No _____ 3. Uncertain _____

64. Do you think it natural to complain a great deal to your family?
1. Yes _____ 2. No _____ 3. Uncertain _____

65. Do you think it natural to call for help from members of your family?
1. Yes _____ 2. No _____ 3. Uncertain _____

66. Do you think it natural to expect sympathy from members of your family?
1. Yes _____ 2. No _____ 3. Uncertain _____

67. When you are in pain, do you prefer to be left alone or to be cared for by others?
1. Alone _____ 2. With other people _____
3. Uncertain _____
Please explain _____
_____

68. Do you think that emotional expressions are helpful for the relief of pain experience?
1. Yes _____ 2. No _____ 3. Uncertain _____

69. Does the relief from pain give you security?
1. Yes _____ 2. No _____ 3. Uncertain _____

70. When in pain which causes you more discomfort?
1. Physical effects of pain experience _____
2. Worry or anxiety _____
3. Uncertain _____

71. Do you expect your children to be hurt in sports and games?
1. Yes _____ 2. No _____ 3. Uncertain _____

72. When your children are injured as a result of play, do you show attitudes of worry or concern?
1. Yes _____ 2. No. _____ 3. Uncertain _____

73. Should this occur, would you console them by giving any verbal expression of emotion, such as "Poor Child"?
1. Yes _____ 2. No. _____ 3. Uncertain _____

74. In the same case, do you stimulate their ability to resist pain, telling them to act grown up?
1. Yes _____ 2. No _____ 3. Uncertain _____

75. Do you expect your children to come to you crying and complaining of pain?
1. Yes _____ 2. No _____ 3. Uncertain _____

76. What type of behavior do you expect from your children if they are in pain?
_____
_____

77. In what year did you come to the United States?
_____
_____

78. Do you think that insurance is necessary even if you are not ill or should be hospitalized?
1. Yes _____ 2. No _____ 3. Uncertain _____

79. Did you have any difficulty to find a doctor for consultation when you were ill?
1. Yes _____ 2. No _____
Please explain _____
_____

80. Do you prefer to consult:
1. American doctor _____
2. Chinese doctor _____
3. No preference _____

81. In what kind of hospital would you prefer to be hospitalized?

1. Private _____
2. Municipal _____
3. No preference _____
Please explain _____
_____

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APPROVAL SHEET

The thesis submitted by Sheila Hsueh-Chin Yu has been read and approved by the director of the thesis. The final copies have been examined by the director and the signature which appears below verifies the fact that the thesis is now given final approval with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

May 1, 1968
Date

Joseph P. Mundo
Signature of Adviser